Manitoba Health and Healthy Living

# Annual Report
# 2006 - 2007

Manitoba

2008-01639/

Manitoba Health and Healthy Living

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# 2006 - 2007

Manitoba

MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

His Honour the Honourable John Harvard, P.C., O.M.
Lieutenant Governor of Manitoba
Room 235, Legislative Building
Winnipeg, Manitoba
R3C 0V8

May It Please Your Honour:

We have the privilege of presenting the Annual Report of Manitoba Health and Healthy Living and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2006/07. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,

Theresa Oswald
Minister of Health

Kerri Irvin-Ross
Minister of Healthy Living

Manitoba
Health and Healthy Living

Deputy Minister of Health and Healthy Living
Winnipeg MB R3C 0V8

**Honourable Theresa Oswald**
**Minister of Health**

**Honourable Kerri Irvin-Ross**
**Minister of Healthy Living**

Dear Ministers:

I am pleased to present the Annual Report of Manitoba Health and Healthy Living and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2006/07.

Manitoba Health and Healthy Living continues to believe that sustaining our universal, comprehensive, accessible and appropriately funded and administered health care system is of primary importance. Manitoba Health and Healthy Living's commitment to improving the health status of all Manitobans remains strong and unchanged. In 2006/07, we took steps to further this commitment.

**Major achievements of the Department for the fiscal year 2006/07 included:**

- **Healthy Living:** The ministry of Healthy Living continued to lead and shape the department's focus on promoting healthful practices and preventing disease and injury through:
  - Launch of the Healthy Eating Campaign – a provincial-wide initiative to promote healthy eating and good nutrition in our schools.
  - Additional resources to support the Healthy Aging Strategy to promote healthy living among older adults.
  - Additional support for the provincial physical activity strategy "Manitoba in motion" through grants to communities.
  - Supporting public education campaigns to help prevent injury by providing low cost bicycling helmets to Manitoba children.

- **Continued efforts towards improved access and wait time reduction** through a comprehensive set of wait list initiatives in key areas. The goals of the wait list initiatives include:
  - Clearing backlogs and improving access to the health care system;
  - Training and hiring more health care professionals and improving their utilization;
  - Expanding ambulatory and community care programs;
  - Building capacity for regional centres of excellence;
  - Overall systemic reform;
  - Increasing accountability through measuring and reporting wait times.

These wait list initiatives showed some significant signs of success in 2006/07. For example, in the CIHI report Wait Time Tables – A comparison by Province 2007 released in February 2007, wait list figures indicated that Manitoba had the shortest wait time in the country for cardiac bypass surgery at 13 days. Wait times for radiation therapy are among the lowest in the country with a median wait time of one week, down from 6 weeks in 1999. The wait time for an MRI scans has been cut to 7 weeks in March 2007, down from 12 weeks in March 2006. In addition, the wait time for a CT scan has decreased to 8 weeks in March 2007. In March 2006, the wait for a CT scan was 11 weeks.

- Continued improvement in nursing and physician supply in Manitoba. The University of Manitoba medical school was expanded to 100 seats, an increase of 30 seats from 1999. The supply of nurses continues to grow as well. A CIHI study in October 2006 indicated that Manitoba had the largest increase in the number of nurses employed between 2004 and 2005.

- Enhanced Resources for Mental Health and Addictions. A three-year, $9-million investment was made to improve access to mental-health and addictions services. The investment provides funding for a wide range of services including centralized intake and referral to improve access to supports for youth and parents, increased community-based mental-health and addictions services, more treatment beds for youth; and supports for youth stabilization including training and public awareness.

- Major improvements to hospital infrastructure including:
  - Redevelopment of the Selkirk Mental Health Center;
  - Construction of Community Cancer Programs in Deloraine and Pinawa;
  - Redevelopment of the Misericordia Health Centre and Redevelopment of the Seven Oaks General Hospital Emergency Department;
  - Initiated the expansion of Bethesda Hospital, Victoria Hospital, and Concordia Hospital in 2006/07.

I would like to commend Manitoba Health and Healthy Living staff, Health Authorities and health care partners whose dedication has made our achievements possible in 2006/07. With our focus on the future, we are working to ensure that Manitobans continue to receive safe, timely, quality health care they need and value.

Respectfully submitted,

Arlene Wilgosh

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# Preface/Introduction

## Report Structure

This annual Report is organized in accordance with the Department of Health and Healthy Living appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2007. It provides information on the Department and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to the department's strategic direction, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*.

## Role and Mission

Manitoba Health and Healthy Living is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health and the Minister of Healthy Living. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated Vision of Manitoba Health and Healthy Living is "Healthy Manitobans through a balance of prevention and care". Manitoba Health and Healthy Living leads the way to quality health care built with creativity, compassion, confidence, trust and respect, and plays a leadership role in promoting prevention and positive health practices.

It is the Mission of Manitoba Health and Healthy Living to lead a publicly administered health system that meets the needs of Manitobans and to promote their health and well-being. This Mission is accomplished through a structure of comprehensive functions, encompassing strategic direction, legislation, policy, guidelines, strategy and program development, funding and fiscal accountability, and direct delivery of specialized, provincial programs aimed at the provision of appropriate, effective and efficient health and health care services. Most services are delivered through Regional Health Authorities (RHAs), hospitals and other health care organizations. The Department also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services.

It is also the role of Manitoba Health and Healthy Living to foster innovation in the health system. This is accomplished through developing mechanisms to assess and monitor quality of care, utilization and cost effectiveness, fostering behaviours and environments which promote health, promoting responsiveness and flexibility of delivery systems, and alternative and less expensive services.

## Report Context

Manitoba Health and Healthy Living administers the most complex and publicly visible social program provided by the Government. The program is delivered partially by the department, partially through grant agencies, partially through arm's length Health Authorities, and partially by independent physicians, or other service providers paid through fee-for-service or alternate means. It is a complex combination of insured benefits, services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly regulated but privately provided services such as proprietary personal care homes.

It is important to consider that many factors affect the health of Manitobans such as family history, gender, culture, education, employment, income, the environment, our coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being. Healthy living is about creating conditions and supporting behaviours that promote the best possible health for everyone and is a way to improve health for all Manitobans and reduce the need for health care services. It includes actions taken by individuals, families, communities, governments, businesses and other organizations that assist Manitobans to lead healthier lives.

Public demands, expectations for and perception of new and expanded services, as well as the development of emerging technologies and pharmaceuticals and escalating costs, remain as strong pressures on the system. Manitoba Health and Healthy Living while ensuring effective and efficient administration as well as good budget and deficit management, continues to address these challenges and to improve the quality of the system. In this regard, the department has undertaken activities such as:

- Addressing Wait Times through various Initiatives
- Developing the Physician Resource Coordination Office
- Pandemic Planning Strategies
- Public Health Renewal and Capacity
- Drug Management Policy Units
- E-Health Strategies
- Strategies regarding Emergency Medical Services
- Strategies regarding Long Term Care
- Establishing a Physician Integrated Network
- Continuing effort on the Aboriginal Health Blue Print
- Healthy Living Priorities
    - Physical Activity;
    - Healthy Eating;
    - Tobacco Reduction;
    - Injury Prevention and Safety;
    - Healthy Sexuality;
    - Chronic Disease Prevention/Reduction;
    - Mental Health Promotion and substance abuse reduction.

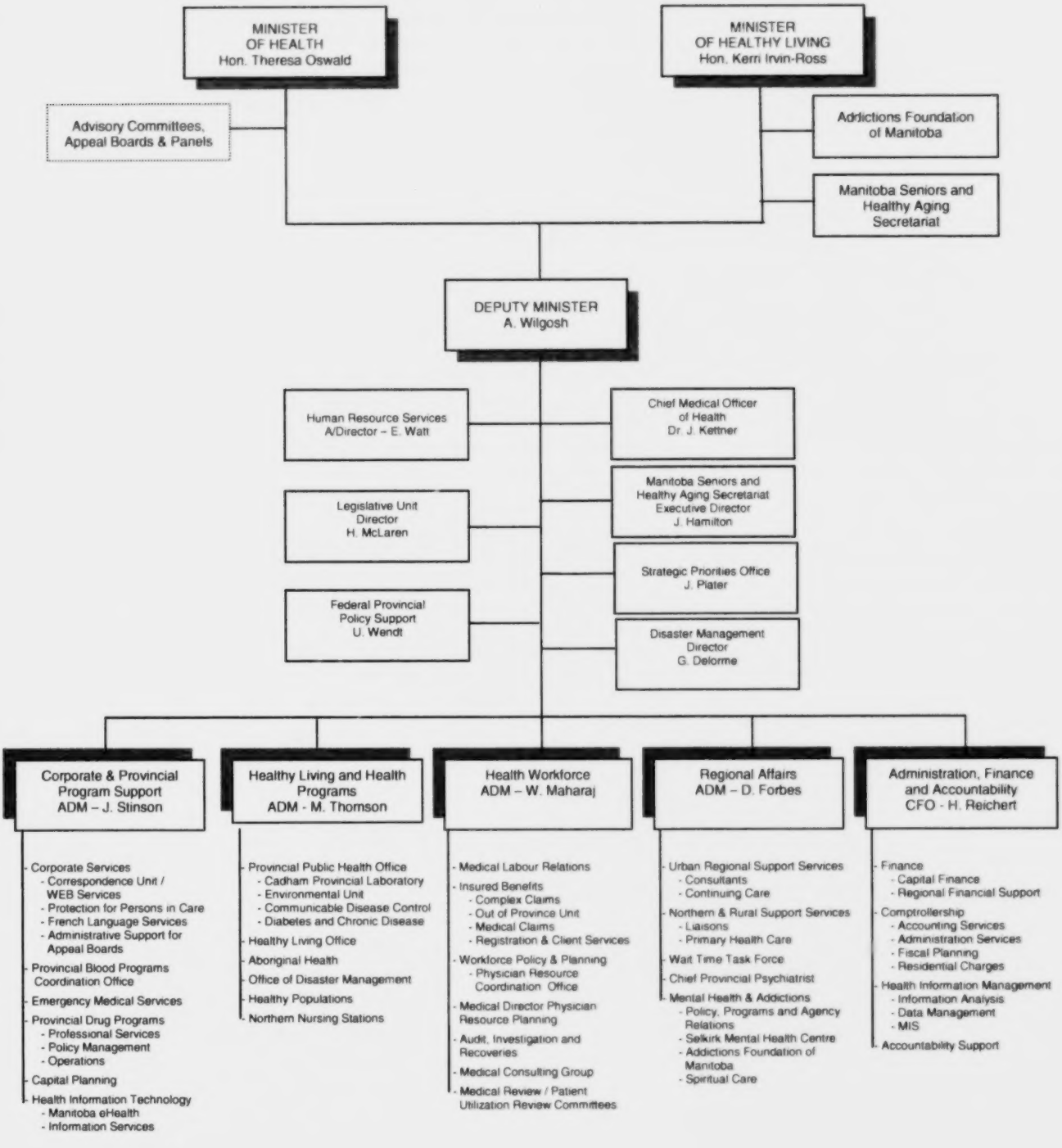
Through dynamic times, Manitoba Health and Healthy Living continues to address improving the quality of the health care system, focusing on healthy living, enhancing system wide performance reporting, strengthening fiscal management, and thus strengthening accountability in the system.

## Organization

During 2006/07, Manitoba Health and Healthy Living was reorganized to reflect the Department's objectives to create a structure which would better meet the health care needs of Manitobans. This annual report is organized in accordance with the Department's appropriation structure which reflects the organization chart at the beginning of the year dated April 1, 2006.

# DEPARTMENT OF HEALTH AND HEALTHY LIVING
# ORGANIZATION CHART

*Effective March 31, 2007*



# Administration, Finance and Accountability

## Ministers' Salaries

Provides the Ministers of Health and Healthy Living with the additional compensation to which individuals appointed to the Executive Council are entitled.

**The objectives were:**

- To provide leadership and policy direction for the renewal of the health care system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans with particular emphasis on healthy living.

**1(a) Ministers' Salaries**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 60.5 | 2.00 | 60.8 | (0.3) | |
| Other Expenditures | | | | | |
| **Total Sub-Appropriation** | **60.5** | **2.00** | **60.8** | **(0.3)** | |

## Executive Support

Executive Support provides for the operation of the offices of the Minister of Health and the Minister of Healthy Living, and the Deputy Minister of Health and Healthy Living.

The purpose of the Executive Support is to advise the Ministers on all policy and program matters related to the Department; provide executive leadership, direction, and administration of the activities of the Department to meet government policy objectives; and provide administrative support for the offices of the Ministers and Deputy Minister.

**The objectives were:**

- To provide support to the Minister of Health and Minister of Healthy Living through strategic direction in management, policy development, program determination and administration to protect, preserve and promote the health of all Manitobans.
- To lead the way to a health system that is respected for its ability to improve health and well-being among Manitobans, and provide quality health care in a cost effective, sustainable and equitable manner.
- To empower Manitobans through knowledge, choices and access to the best possible health resources.
- To build partnerships and alliances for health and supportive communities.

**1(b) Executive Support**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 1,180.0 | 18.00 | 1,104.0 | 76.0 | |
| Other Expenditures | 195.6 | | 233.7 | (38.1) | |
| **Total Sub-Appropriation** | **1,375.6** | **18.00** | **1,337.7** | **37.9** | |

# Finance

Finance is responsible for the managing of the internal financial affairs of Manitoba Health and Healthy Living including the Manitoba Health Services Insurance Plan and for coordinating administrative support services to meet departmental operating requirements.

Finance is also responsible for providing a fair and equitable distribution of available funds for Regional Health Authority (RHA) and other funded agencies in accordance with government priorities, through the review, recommendation and approval of RHA Health Plan submissions, budget allocations and monitoring of financial, statistical and operational results.

Finance also provides financial support and analysis to the department overall, and provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanded programs.

Finance provides information management and statistical services in support of the programs of Manitoba Health and Healthy Living, RHAs, agencies, researchers and the general public. It also provides leadership and coordination of health research related activities including support to the Health Information Privacy Committee under *The Personal Health Information Act* (PHIA).

Finance is composed of the following:

## Comptrollership

### The objectives were:

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and through monitoring and reporting, ensure the effective and efficient use of those resources in accordance with government priorities.
- To ensure timely, accurate and consistent financial reporting from departmental programs, RHAs and External Agencies.
- To ensure an equitable personal care home rate structure exists, and to maintain a level of revenue that partially offsets the total cost of long term care for RHAs, through the management of the assessment and appeal process.

### The expected and actual results for 2006/07 included:

1. Relevant budgets for departmental programs, RHAs and external agencies consistent with the established priorities of the department.
   - Based on Departmental Policies and established guidelines and policies, Manitoba Health and Healthy Living were able to effectively and efficiently utilize tangible and fiscal resources of the department to provide relevant budgets to departmental programs, RHAs and external agencies.

2. Timely and accurate preparation of the Estimates, Estimates Supplement, Annual Report, Quarterly Financial reports and other financial reports or documents.
   - Estimates, Estimates Supplement Financials, Annual Report Financials, Quarterly Financial Reports and other Financial Reports or documents were prepared in accordance with Legislative Requirement, Treasury Board and Senior Management requirements within established deadlines.

3. Timely accurate information to government on the fiscal status of Manitoba Health and Healthy Living.
   - Monthly and quarterly financial reports, the Annual Report and other financial reports or documents on the fiscal status of Manitoba Health and Healthy Living were prepared in a timely manner for Treasury Board and senior management.

4. Equitable rate structure for the Residential Charge Program.
   - Through management of a rate assessment, review and appeal process for all long term care clients, Manitoba Health and Healthy Living was able to provide an equitable rate structure for the residential charges program.

### Regional Financial Support and Capital Finance

**The objectives were:**

- To provide support, consultation and analysis to departmental programs, RHAs and agencies in order to ensure a common understanding of reporting requirements and methodologies.
- To steward a process that enables Manitoba Health and Healthy Living to set expectations and assess results of RHAs, CancerCare Manitoba, Addictions Foundation of Manitoba, and other health organizations.

**The expected and actual results for 2006/07 included:**

1. A common understanding between RHAs, CancerCare Manitoba, Addictions Foundation of Manitoba, and Manitoba Health and Healthy Living regarding the expectations around provincial priorities and related measures.
   - To facilitate a common understanding between Manitoba Health and Healthy Living and all RHAs, CancerCare Manitoba, and Addictions Foundation of Manitoba, the Department provided an annual funding letter and annual funding policy to these entities. These documents outlined funding levels and parameters regarding how this funding could be expended. Manitoba Health and Healthy Living also required monthly financial reports from these entities throughout the fiscal year to monitor year-to-date results and forecasts.

2. Economical financing of both capital construction and equipment purchases.
   - Manitoba Health and Healthy Living ensured that competitive interest rates were being obtained on outstanding and new borrowing commitments with tenders going to all financial institutions for specific project approvals where required.

### Health Information Management

**The objectives were:**

- To ensure timely collection of financial, statistical and clinical information from the RHAs in accordance with provincial and national reporting requirements.
- To provide data reporting, analysis, and interpretation of health information to inform and support the strategic functions of Manitoba Health and Healthy Living and the RHAs, including public accountability.
- To coordinate and support health research related activities.
- To ensure appropriate use of health information in accordance with privacy legislation.

**The expected and actual results for 2006/07 included:**

1. Policies are in place for the collection, use and disclosure of health information in accordance with *The Personal Health Information Act* (PHIA).
   - Developed policies and procedures for the use of data for health research.
   - Monitored compliance with privacy and security policies.
   - Oversaw an initiative to improve Manitoba Health and Healthy Living electronic filing practices.
   - Established data sharing and researcher agreements.

2. The necessary data infrastructure is in place to support data collection, reporting, analysis and research activities.
   - Continued development and maintenance of hundreds of databases to support internal and third party information requirements.

- Participated in health information system development initiatives within Manitoba Health and Healthy Living.
- Provided health records, financial and statistical reporting consultation to the RHAs within Manitoba.

3. Manitoba Health and Healthy Living programs, RHAs, researchers, other public organizations and the general public have access to health care information for their operational, planning, evaluation, research and accountability needs.
   - Produced the Annual Statistics Report and Annual Population Report.
   - Produced dozens of standard reports for the RHAs and others.
   - Provided data to support the weekly and monthly statistical reporting on the Manitoba Health web site.
   - Responded to hundreds of ad hoc data requests from within Manitoba Health and Healthy Living, RHAs, external agencies, researchers, and the general public.
   - Provided data and statistical support to the Medical Review Committee, Patient Utilization Review Committee, and The College of Physicians and Surgeons standards committees.
   - Provided database submissions to the Canadian Institute for Health Information in accordance with national health information reporting standards.
   - Provided database file transfers to the Manitoba Centre for Health Policy for use by their researchers.
   - Verified data to support regional, provincial and national indicator reporting initiatives including those of the Canadian Institute for Health Information and Statistics Canada.
   - Produced special analysis and briefings related to health data and research publications.
   - Developed new datasets and reports to support departmental priorities.
   - Developed the Health Information Gateway, an internal intranet site to facilitate departmental staff access to health publications.

4. Health research involvements of the department are coordinated.
   - Provided expert data and administrative support to the Health Information Privacy Committee established under PHIA.
   - Continued implementation of the bilateral agreement with the Canadian Institute for Health Information.
   - Renewed the funding agreement with the Manitoba Centre for Health Policy.
   - Provided ongoing co-ordination and support to the contractual relationship between Manitoba Health and Healthy Living and the Manitoba Centre for Health Policy.
   - Reviewed research proposals to provincial and national health research funding bodies.
   - Undertook partnership activities related to health services research and research training in accordance with the agreement with the Canadian Health Services Research Foundation.

## Accountability Support

### The objectives were:

- To provide support to RHAs in the development of their health plans, and facilitate and support their comprehensive and ongoing Community Health Assessment (CHA).
- To enhance accountability structures and processes for the effective management of the health system, by following best practice on the public reporting of performance.

### The expected and actual results for 2006/07 included:

1. RHA health planning complies with Manitoba Health and Healthy Living requirements and continues to strengthen the relationship between Strategic Planning, CHA, Performance Deliverables and other Accountability mechanisms for both the health organizations and Manitoba Health and Healthy Living.
   - RHAs, CancerCare Manitoba, Addictions Foundation of Manitoba, developed evidence informed Health Plans, within which strategic priorities, operational planning and performance deliverables were represented with rationale developed from CHA information.

- Feedback from within the department resulted in changes to the health plan review process to further strengthen the relationship between CHA, Strategic Planning, Performance Deliverables and other areas of the Department.

2. Supports and communication links are in place to assist RHAs with their health plan submissions and post submission requirements.
   - Accountability Support Branch facilitated both in person and technology based training and orientations, as well as planning, development and technology support to all participating organizations. In addition the branch re-developed the guidelines for planning and post-submission provided organization with specific feedback. As a communication tool and leadership commitment, the branch continued to participate as a member of the RHAM Planning Network.

3. RHA health planning is based on comprehensive CHA findings and an evidence-based decision-making approach.
   - Organizations developed their evidence informed Health Plans, and indicated linkages to CHA information, specific to the people they serve as well as for province wide considerations.

4. Comprehensive CHA Reports from all RHAs and CancerCare Manitoba are completed and submitted to Manitoba Health and Healthy Living.
   - Support was provided to the RHAs to facilitate planning and action required toward completion of their third comprehensive CHA reports anticipated in 2009.
   - Organizations are implementing actions based on their 2004 comprehensive CHA reports.

5. Provincial policy and inter-sectoral initiatives reflect relevant CHA findings, health status issues, and variances in health status from region to region.
   - The CHA findings were compiled and shared broadly within Manitoba Health and Healthy Living, made available on the intranet, and applied in the health plan review process to support the use of this information in policy and initiative development.

6. Communication and coordination system between Manitoba Health and Healthy Living and RHAs is in place.
   - Strong linkages between the Health Authorities and Manitoba Health and Healthy Living have been developed and strengthened, with the Branch's continuing participation at the RHAM Planning Network, CHA Network and invitations to the other networks as applicable. In addition, the branch has implemented an ongoing feedback process with our clients to monitor and improve the level and value of service being provided to the health authorities.
   - Communication and coordination of the CHA process in Manitoba continued to occur through the Accountability Support Branch chairing of the CHA Network, representing Manitoba Health and Healthy Living, the RHAs, CancerCare Manitoba, and other health partners. An evaluation of the CHA process was completed and used to inform further CHA planning. Each organization received feedback letters on their submitted CHA reports.

7. Enhance partnerships and a shared vision with health organizations' senior management, regarding the development and implementation of performance deliverables and other accountability mechanisms, ex: collaborative development of RHA-driven Performance Deliverables.
   - Through consultation and advocacy from the department, Health Authorities developed performance deliverables that reflected their organization's strategic priorities and the department's strategic priorities and goals.
   - The Branch began working with regional representatives on other accountability mechanisms including an update of the governance and accountability policy and an update of the performance measurement framework. An active role was taken in updating the information provided to new RHA Board members and we are working with RHAM on continued improvement to board orientation and education.

8. Enhance public reporting on performance in Annual Reports and other reporting mechanisms such as statistical reports and health indicator reports.
   - Through dialog, advocacy and development, the branch has continued to strengthen performance reporting for Health Authorities. In particular the branch continues to evolve changing expectations within the Annual Report Guidelines provided to the Health Authorities.

9. An integrated and improved health care planning process that aligns resources and initiatives with system priorities.
   - The branch continued to advanced integration of planning, through system advocacy and leadership, as well as system development that integrated new aspects in planning. This is best reflected in the integration of Health human resources planning within the health planning process.

**1(c) Finance**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 4,869.8 | 81.73 | 4,866.3 | 3.5 | |
| Other Expenditures | 1,368.5 | | 1,323.0 | 45.5 | |
| **Total Sub-Appropriation** | **6,238.3** | **81.73** | **6,189.3** | **49.0** | |

## Central Services

Central Services is responsible for leadership, advice and support to the Department with a focus on human resource management, legislation development, and strategic policy advice on federal, inter-provincial, inter-jurisdictional and other issues.

Central Services is composed of the following:

### Human Resources

**The objectives were:**

- To provide leadership, advice and support to the department with a focus on human resource management.

**The expected and actual results for 2006/07 included:**

1. Fair and consistent human resource services provided in accordance with Civil Service Commission policies and standards.
   - 187 permanent and temporary employees were recruited to fill vacant positions.
   - Provided support to management in labour/management dispute hearings.
   - Provided advice and guidance to management in resolving many labour relations issues prior to formal grievances occurring, and ongoing consultation on day-to-day management/employee issues.
   - Participated in bargaining with the Manitoba Government and General Employees Union.

2. Timely and accurate pay and benefit administration provided to the department's civil service employees and Manitoba Support Service employees.
   - 1838 civil service SAP events processed.
   - Provided data maintenance and advice and guidance to employee's on pay and benefits information.
   - Pay and benefit support provided to approximately 4,900 Manitoba Support Services employees.

3. Human resource programs meet the current and future demographic and organizational needs of the department.
   - Continued efforts to develop and implement strategies to increase Diversity and Employment Equity, including establishing and leading a Diversity Committee charged with developing a department-wide strategy.
   - Provided support and guidance in recruitment to difficult to fill positions.
   - Developed the Departments Mentorship program with 56 participants.
   - Facilitated Leadership Development training with 41 participants.
   - Facilitated two staff's participation in the Civil Services Women's Leadership Program.
   - Provided a placement for a participant in the Aboriginal Public Administration Program.

4. Integrated human resource services provided, including program and policy development, to support the needs of Health, Family Services and Housing.
   - As part of integrated human resource services:
     - Participated in the development of a formal recognition program for long-service employees;
     - Participated in the development of a program to recognize staff at milestone years of service;
     - Continued to co-chair Department Renewal Committee.

## Legislative Unit

### The objectives were:

- To provide leadership, advice and support to the department with legislation development.

### The expected and actual results for 2006/07 included:

1. Development and coordination of Statutes and Regulations that provide a sound legislative base for meeting the mission of the department.

*Legislative Proposals:*

- There were eight health and health related statutes amended, enacted or proclaimed for the fiscal year 2006/2007 as follows (details outlined in Appendix II):
  - *The Public Health Act* (Bill 21);
  - *The Tobacco Damages and Health Care Costs Recovery Act* (Bill 27);
  - *The Public Interest Disclosure* (Whistleblower Protection) *Act* (Bill 34);
  - *The Youth Drug Stabilization* (Support for Parents) *Act* (Bill 36);
  - *The Pharmaceutical Act* (Bill 41);
  - *The Good Samaritan Protection Act* (Private Bill 214).

*Proclamations:*

- *The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act, S.M. 2005, c. 24* - respecting Patient Safety was proclaimed November 1, 2006.
- *The Medical Laboratory Technologists Act*, S.M. 2002, c. 12 - *Whole Act* except section 65, was proclaimed February 1, 2007.

*Regulatory Amendments:*

- Assisted in the development of 34 required regulation amendments under various health related legislation (see Appendix II for details).

*Information Services:*

- Provided information to health professionals, Regional Health Authorities and students on legislation and the legislative process.

*The Personal Health Information Act (PHIA):*

- The PHIA Steering Committee, with Government and external representatives, was established in 2002. PHIA requires the Minister of Health to undertake a comprehensive and public review of the legislation. The PHIA Review Steering Committee reviewed feedback received during the

public consultation process, and has proposed amendments to the Act. Recommendations for amendments have been reviewed and received by the Government. http://www.gov.mb.ca/health/phia/index.html.

*The Freedom of Information and Protection of Privacy Act (FIPPA):*

- There were 49 responses to FIPPA requests for information.

*The College of Medical Laboratory Technologists of Manitoba Transitional Council:*

- The College of Medical Laboratory Technologists of Manitoba Transitional Council was established in 2003. The Medical Laboratory Technologists of Manitoba Transition Council will complete its mandate to get the new College of Medical Laboratory Technologists of Manitoba up and running by June 2007. The Medical Laboratory Technologists Regulation was approved in September 2006 and *The Medical Laboratory Technologists Act* was proclaimed on February 1, 2007. The Transitional Council appointed a Registrar, registered medical laboratory technologists for the 2007 registration year and held elections for the council.

*The Dental Hygienists of Manitoba Transitional Council:*

- The Dental Hygienists of Manitoba Transitional Council was established in June 2006 to get the new College of Dental Hygienists of Manitoba (CDHM) up and running. The work of the Council is well underway. It is anticipated the CDHM will assume responsibility for regulating dental hygienists for the 2008 registration year. The Council is developing the registration regulation and is recruiting an Interim Registrar to commence employment in July 2007 and board of assessors.

2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.
   - This was met as outlined above.

3. Accurate and timely information provided to internal and external clients regarding legislation and the legislative process.
   - Accurate and timely information was provided.

## Federal Provincial/Policy Support

### The objectives were:

- To provide leadership, advice and support to the department on federal, inter-provincial, inter-jurisdictional and other issues.

### The expected and actual results for 2006/07 included:

1. Manitoba's interests and objectives are pursued in federal/provincial discussions.
   - Manitoba led the implementation of the Joint Oncology Drug Review which will help ensure a more timely, effective and efficient review and evaluation of cancer drugs. Publicly announced in February 2007, this review process builds on other processes already in place.
   - Manitoba worked with Federal, Provincial and Territorial (F/P/T) colleagues to release a Progress Report on the National Pharmaceutical Strategy (NPS), fulfilling the commitments made in the 2004 Health Accord. Further work is continuing on Phase 2 of the NPS which will hopefully lead to more P/T and F/P/T collaboration on pharmaceuticals.
   - In February 2007, Manitoba participated with F/P/T counterparts in a Wait Times Access Conference, which provided Manitoba an opportunity to highlight the success of the Western Canada Children's Heart Network and initiatives related to orthopedics in Manitoba.
   - Manitoba, along with other F/P/T governments, has signed a Memorandum of Understanding on Information Sharing in the event of a pandemic. Manitoba continues to work with F/P/T colleagues on MOUs on Mutual Aid and Roles and Responsibilities in the event of a pandemic as part of a provincial and national plan to prepare for a pandemic event.

**1(d) Central Services**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 1,865.4 | 32.00 | 1,988.1 | (122.7) | |
| Other Expenditures | 342.1 | | 291.7 | 50.4 | |
| External Agencies | 112.7 | | 131.7 | (19.0) | |
| **Total Sub-Appropriation** | **2,320.2** | **32.00** | **2,411.5** | **(91.3)** | |

# Corporate and Provincial Program Support

The Corporate and Provincial Program Support Division was created as part of the restructuring process of Manitoba Health and Healthy Living, in October 2005. This Division provides leadership and support to internal and external clients with a focus on policy, planning, accountability, and support to Provincial Programs. The Division consists of the areas of: Information Systems; Provincial Drug Programs; Corporate Services; Capital Planning; the Drug Management Policy Unit; and the Provincial Blood Programs Coordinating Office. Over the course of 2006/07, Blood Transfusion Services, Prosthetic and Orthotic Devices, Pharmacare and Emergency Medical Services have moved into this Division. These areas are reported elsewhere.

## Administration

**The objectives were:**

- To provide strategic leadership and solutions to support the objectives and priorities of Manitoba's health care systems.
- To coordinate and align federal, provincial, health sector, inter-sector and department projects with the priorities of the department.
- To provide management and operational systems to improve the efficiency of program delivery.

**The expected and actual results for 2006/07 included:**

1. Timely information provided to internal and external clients regarding policy issues and correspondence.
   - Provided timely information to internal and external clients through correspondence and information resources.
   - Developed, administered and maintained Manitoba Health and Healthy Living public web site and internal intranet site.
   - Provided Manitoba Health and Healthy Living with a variety of communication support services, including French Language Services.

2. Efficient and effective processes for Ministerial and departmental correspondence and communication.
   - Provided timely and consistent written responses to correspondence from the public for the Minister of Health, the Minister of Health Living, the Deputy Minister of Health and Healthy Living, and the Assistant Deputy Ministers.

3. Departmental awareness of issues and research taking place, as it relates to health and health care.
   - Through participation in the Federal/Provincial and Territorial Common Drug Review, the provincial expert committee on drugs and the Department has access to comprehensive high level scientific evidence and expert advice for listing recommendations on the Manitoba Drug Formulary.

4. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
   - The Department initiated the establishment of three functional units: Drug Management Policy; Operations for Pharmacare; and Professional Services for Provincial Drug Programs to facilitate comprehensive, coordinated, and proactive drug benefit program management for the publicly funded drug programs in Manitoba. As a first step, the Department established a Drug Management Policy Unit to provide for focused policy capacity and to develop a strategic policy framework.
   - The Department's Policy Management Framework Policy was reviewed/revised and posted on the MB Health Intranet.
   - The Minister of Health amalgamated the Manitoba Health Appeal Panel and the Manitoba Health Appeal Board under one umbrella, the Manitoba Health Appeal Board in May 2006.
   - During the 2006/07 fiscal year, 12 major construction projects were completed at a cost of $189,951,640.
   - Developed new space in support of new service delivery models and innovative services such as a new community Access Centre, community-based clinical diagnostics and community-based surgical capacity.
   - Continued incorporation of the Power Smart Standard, to the greatest extent possible, for new construction and renovation projects.
   - Followed the Green Building Policy for Government of Manitoba Funded Projects on green building design standards requiring all new capital projects to be built to a LEED® (Leadership in Energy and Environmental Design) Silver or as close to a LEED® certified standard wherever practical.
   - Construction has continued and 11 new projects went into construction during the 2006/07 fiscal year at an estimated cost of $87,151,900.

5. A health information technology infrastructure which provides appropriate, timely and accurate information, to enhance the delivery of health care services in the Province of Manitoba.
   - Established Manitoba eHealth to ensure alignment with organizational, provincial and national goals and objectives, and provincial and national funding drivers.
   - The Manitoba eHealth Program will facilitate the improvement and enablement of healthcare delivery transformation through the use of information and communication technology.
   - Continue to actively collaborate with Canada Health Infoway Inc. on priority Manitoba projects in which Infoway will consider for strategic investment.

**2(a) Administration**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 190.1 | 2.00 | 149.5 | 40.6 | |
| Other Expenditures | 73.1 | | 34.1 | 39.0 | |
| **Total Sub-Appropriation** | **263.2** | **2.00** | **183.6** | **79.6** | |

## Information Systems

Information Systems is responsible for providing strategic, tactical, and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba's health care system. Information Systems continues to provide consultative services on information systems initiatives involving the Department, other government agencies, Regional Health Authorities, health care facilities, health care associations, and other providers of health care services. Information Systems coordinates and aligns federal, provincial, health sector, inter-sector and department projects.

**The objectives were:**

- To provide strategic information solutions to support the objectives and priorities of Manitoba's health care system.
- To coordinate and align federal, provincial, health sector, inter-sector and department information projects with the priorities of the department.
- To provide information systems to improve the efficiency of program delivery.

**The expected and actual results for 2006/07 included:**

1. Accessible necessary data and information for staff, in order to achieve corporate goals and objectives.
   - The Information Systems Branch continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
   - Began work with Manitoba eHealth to transition business analysis services and to assess key information systems to enable Manitoba eHealth to provide, maintain and support the delivery of and access to relevant health and administrative information to health care providers and managers within the wider provincial health system.

2. *The Personal Health Information Act* (PHIA) compliant systems.
   - Manitoba is actively involved in Canada Health Infoway's Pan-Canadian Electronic Health Record Standards Collaboration Process. Manitoba Health and Healthy Living, in partnership with other publicly funded health sector organizations represents the provincial health sector's requirements in the area of information standards and are represented on Infoway's Standards Steering Committee, Standards Advisory Committee and on the Pan-Canadian Standards Working Groups including: interoperable Electronic Health Record, Client Registry, Provider Registry, Diagnostic Imaging – Cross Document Sharing, Clinical Terminology Integration, Lab and Public Health Surveillance.

3. Effective electronic data interchange between the department and health care providers.
   - Coordinated and facilitated the continued expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.

4. A health information technology infrastructure which provides appropriate, timely and accurate information, to enhance the delivery of health care services in the Province of Manitoba.
   - Established Manitoba eHealth to ensure alignment with organizational, provincial and national goals and objectives, and provincial and national funding drivers.

5. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules provided.
   - Provincial Drug Viewer now rolled out to over 2,000 authorized health care providers throughout the province.
   - Continue to extend the use of the Provincial Health Insurance Registry viewer to regional health care providers.
   - Completed the rollout of current technology for electronic claims exchange with all physicians.
   - Currently re-engineering the Provincial Insurance Registry application to a web-based system with implementation to take place in fiscal 2007/08.
   - Completed the first phase of medical and hospital claims exchange with the Worker's Compensation Board.
   - Completed the migration of Manitoba Health web applications from Oracle Application Server to IBM Websphere.
   - Implemented the Western Health Information Collaborative - Chronic Disease Management information system in Manitoba.
   - Implemented the Regional Access Coordinator Security Administration application.
   - Completed changes to the Medical Claims Billing application dealing with new Optometric, Dental and Chiropractic contracts.

- Completed changes to the Manitoba Support Services Programs dealing with new contracts and a retroactive payment requirement.

**2(b) Information Systems**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 4,334.6 | 62.90 | 4,287.6 | 47.0 | |
| Other Expenditures | 735.0 | | 1,326.6 | (591.6) | |
| Provincial Program Support Cost | 4,181.7 | | 3,943.5 | 238.2 | |
| External Agencies | 32.5 | | 65.1 | (32.6) | |
| **Total Sub-Appropriation** | **9,283.8** | **62.90** | **9,622.8** | **(339.0)** | |

## Provincial Drug Programs

Provincial Drug Programs is responsible for the administration of four distinct and separate drug benefit programs for Manitobans: Manitoba Pharmacare, Employment and Income Assistance participants, residents of personal care homes, and the Palliative Care Drug Access Program. It also administers a program that provides funding assistance for devices to help Manitobans with physical disabilities. Provincial Drug Programs does not include drug expenditures for hospital and personal care home in-patients.

**Professional Services Unit:**

The Professional Services Unit of Provincial Drug Programs is responsible for:

- The professional and administrative support for the Manitoba Drug Standards and Therapeutics Committee (MDSTC) a committee of physicians and pharmacists which makes recommendations to the Minister of Health on drugs to be listed in the Manitoba Formulary.
- Participation in the Common Drug Review (CDR), which provides expert advice on drugs to participating provincial, territorial and federal drug plans based on rigorous, objective reviews of clinical and cost effectiveness.
- Analysis and monitoring of the Drug Programs Information Network (DPIN) data.
- Professional direction and support for the Exception Drug Status (EDS) Office which provides approval on an individual basis for drugs which have designated criteria established.

### The objectives were:

- To administer drug programs which provide access to Insured Benefits as prescribed by *The Health Services Insurance Act*, *The Prescription Drugs Cost Assistance Act*, and *The Pharmaceutical Act* for the benefit of Manitobans.
- To provide funding assistance to persons of all ages who have physical disabilities and require devices in order to improve their ability to function, as prescribed under *The Health Services Insurance Act*.

### The expected and actual results for 2006/07 included:

1. Consistent customer focused service is provided.
   - The EDS Office processed 48,350 requests for EDS approval, an increase of 11.4% over previous years.

2. Manitobans are aware of and receiving benefits to which they are entitled.
   - The EDS office provided correspondence to 68,300 physicians and clients confirming EDS approval status and responded to 9,727 general calls from the public and physicians regarding benefit coverage status for EDS drugs.
   - The EDS criteria for over 40 of the most commonly requested drugs were posted on the Manitoba Health Web site.

3. Continuous evaluation of work processes to improve effectiveness and efficiency of the program.
   - The efficiency of the EDS approval process was greatly increased with the development and implementation of Web based screens for entering EDS approvals into the DPIN.

4. Proactive opportunity assessment and timely risk resolution.
   - The Professional Services Unit has incorporated the CDR's expert advice on new drugs into the MDSTC decision making process for making recommendations to the Minister on drugs to be listed on the Manitoba Formulary.

5. A streamlined drug review process to ensure ongoing access to cost-effective medications.
   - Manitoba has harmonized the listing of generic drugs with the Health Canada declaration of bioequivalence. Generic drugs that have a Canadian Reference Product designated on the Health Canada Notice of Compliance no longer require approval by MDSTC for listing as an interchangeable drug on the Manitoba Drug Interchangeability Formulary. These drugs may be listed with the next Drug Bulletin that is published.

6. The addition of new drug benefits to *The Prescription Drug Costs Assistance Act*.
   - During the year, there were 4 meetings of the MDSTC. Five Drug Bulletins were approved by the Minister which added 294 specified drugs, consisting of 84 unique chemical entities in differing strengths and dosage forms, to the *Prescription Drugs Costs Assistance Act*, Specified Drugs Regulation.

**2(c) Provincial Drug Programs**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 2,009.4 | 44.00 | 2,181.8 | (172.4) | |
| Other Expenditures | 715.5 | | 653.4 | 62.1 | |
| External Agencies | 90.0 | | 90.0 | - | |
| **Total Sub-Appropriation** | **2,814.9** | **44.00** | **2,925.2** | **(110.3)** | |

## Corporate Services

The Corporate Services Branch monitors and evaluates compliance to *The Protection for Persons in Care Act*, provides structure and processes to support health care services appeals, coordinates French Language Services for internal and external clients, acts as the Minister's agent for written communication to the public, and manages the Department's internal and external Web sites. The Corporate Services Branch includes the areas of: the Protection for Persons in Care Office, the Correspondence Unit, the Web Services Unit, the French Language Services Unit, the Manitoba Health Appeal Board, and the Mental Health Review Board.

Corporate Services is composed of the following:

### Administrative Services

**The objectives were:**

- To support and provide input into the MBTelehealth Program as a provincial stakeholder.
- To provide timely information to internal and external clients through correspondence and information resources.
- To develop, administer and maintain Manitoba Health and Healthy Living public web site and internal intranet site.
- To provide Manitoba Health and Healthy Living with a variety of communication support services.
- To provide for the operations of the Manitoba Health Appeal Board, the Mental Health Review Board, and the Appeal Panel for Home Care.

**The expected and actual results for 2006/07 included:**

1. A supported and enhanced MBTelehealth Program through the input of Manitoba Health and Healthy Living as a stakeholder.
   - Options were reviewed for an alternate governance structure for the MBTelehealth provincial program.
   - The Director, Corporate Services, acted as a liaison between MB Health and the MBTelehealth program in specified areas.

2. Further development of Manitoba Health and Healthy Living public web site and internal intranet site.
   - Received positive feedback from internal and external clients regarding accessibility and nature of web content. The Health Information Gateway project was nominated for a 2006 Manitoba Service Excellence Award.
   - Increased Web site visits and activity as reported by WebTrends statistical software; 2,594,918 page views for all external Web sites in 2006/07, a 5.4% increase over 2005/06.
   - Completed major projects including the launch of the Healthy Schools and Food in schools Web sites, development of the online InfoHealth Guide, development of the Health Information Gateway, and a revamped Human Resources intranet site.

3. Provision of a variety of communication support services for Manitoba Health and Healthy Living.
   - Coordinated departmental news gathering and dissemination services on an ongoing basis, including digital photography upon request. 234 internal e-mail notices were sent as part of these processes.
   - Provided timely and consistent written communication responses to the public and other stakeholders for the Minister of Health, the Minister of Healthy Living, the Deputy Minister of Health and Healthy Living, and the Assistant Deputy Ministers. Improved the written correspondence turnaround.
   - Coordinated production of the Housebooks for the Minister of Health and Minister of Healthy Living.
   - Coordinated the issues of the day team and processes. Led quality improvement review of processes in collaboration with stakeholders, resulting in a more efficient and effective system.

4. Current information on department policy status is available to departmental staff.
   - Led review/revision of the Department's Policy Management Framework Policy.
   - Participated in review/approval of policies for both internal and external stakeholders. Coordinated placement of new and revised policies on Manitoba Health and Healthy Living Policy Web site/secure Web site for Regional Health Authorities (RHAs).

5. Patients, families and physicians have the opportunity to make appeals.
   - Managed the amalgamation of the Manitoba Health Appeal Board (MHAB) and the Appeal Panel for Home Care, under the new Board entitled, the Manitoba Health Appeal Board.
   - Provided the structure and processes to hear appeals from stakeholders as specified under *The Health Services Insurance Act*, *The Emergency Medical Services and Stretcher Transportation Act* and *The Mental Health Act*. In addition, Home Care program appeals continued to be heard.

**Protection for Persons in Care Office**

**The objectives were:**

- Lead the improvement of accountability in Manitoba's health system with a focus on protection for persons in care in collaboration with internal and external stakeholders.

**The expected and actual results for 2006/07 included:**

1. Consistent application of processes for program evaluation projects.
   - Improved internal processes related to receiving and responding to allegations of abuse, including the protocol for intake calls and case management, to ensure consistent application and compliance with established policy, standards and procedures within the Protection for Persons in Care Office (PPCO).

2. Demonstrated use of program evaluation and monitoring tools and processes.
   - Process and content evaluations completed by participants at every PPCO education and training event.
   - Quality Review Report of investigation process completed by investigators for every investigation conducted externally. Post-audit evaluation form completed by all facilities involved in a PPCO audit.

3. Risk management policies and processes in place.
   - Educated stakeholders as part of the presentation team for Bill 17, on the differences between critical incident reporting and abuse reporting.

4. Timely and effective responses to Ministerial inquiries and requests for information.
   - All timelines for information requested were met.

5. Timely and effective inquiry/investigation of allegations of abuse occurring in health care facilities.
   - PPCO responded to all alleged abuse reports within one working day. Investigations completed well in advance of the established thirty day deadline.

6. Improved awareness of health care facilities and the general public of how to identify and prevent abuse.
   - Over 100 presentations on abuse identification and prevention (including discussion of *The Protection for Persons in Care Act* and the role of the PPCO) were made to RHA/health care facility administrators and staff as well as the general public.
   - Distributed PPCO brochures and posters translated into Cree, Cree Syllabics, Ojibwe, and Ojibwe Syllabics along with French and English versions to RHAs, health care facilities, Aboriginal agencies (government and private sector), and other individuals and agencies throughout the Province.

7. Positive feedback from internal and external clients regarding accessibility to and nature of web information.
   - Positive feedback from Manitoba Health Web Services indicated that out of 8500 Manitoba Health and Healthy Living Web sites, the PPCO Web site is rated 59th in frequency of visits.

**French Language Services**

French Language Services ensures that Franco-Manitobans have availability and accessibility to services in French within Manitoba Health and Healthy Living and that RHAs have improved capabilities to provide essential health services in francophone-designated areas.

**The objectives were:**

- To coordinate French Language Services at Manitoba Health and Healthy Living for internal and external clients.

**The expected and actual results for 2006/07 included:**

1. Timely information provided regarding French Language Services.
   - All material produced for the general public was made available in English and French.
   - All new material posted to the Manitoba Health and Healthy Living Web sites was made available in both official languages.

2. Customer satisfaction with French Language Services provided through Manitoba Health and Healthy Living.
   - French Language Services offered by Manitoba Health and Healthy Living to the French-speaking population of Manitoba remained 100% complaint-free during the 2006/07 fiscal year.

3. Available and accessible health system services in French.
   - Manitoba Health and Healthy Living French Language Services Coordinator continues to participate in the Interlake RHA French Language Services Committee that was responsible for the hiring of a Bilingual Health Services Coordinator for the bilingual community of St. Laurent.
   - Manitoba Health and Healthy Living French Language Services Coordinator continues to participate in the Conseil communauté en santé board of directors and Manager's Round Table that facilitates, in cooperation with Manitoba Health and Healthy Living and the RHAs, the delivery of health services in French to Manitoba's French-speaking population.

**Provincial Blood Programs Coordination Office**

Provincial Blood Programs Coordination Office (PBPCO) provides collaborative leadership to the provincial blood system to facilitate effective and efficient utilization and management of blood and blood products through a multi faceted strategy involving professionals, patients and the public. On behalf of the province it provides policy, program and budget oversight to the planning, management and operation of the Canadian Blood Services and the Canadian Blood Agency. It also continues to manage and administer the Manitoba Hepatitis C Financial Assistance Program.

**The objectives were:**

- To coordinate the Manitoba Blood system including the provision of transfusion services of blood and blood products to patients of medical practitioners and hospitals in the Province.

**The expected and actual results for 2006/07 included:**

1. Enhanced surveillance through the Adverse Event Reporting System (AERS).
   - The AERS data collection form and guidebook have been revised and will be distributed throughout the Province in the fall 2007.
   - Reporting algorithms and modifications to the data collection form and system will facilitate the collection of adverse events arising from the administration of blood product derivatives.

2. Produce Transfusion Medicine Nursing Quality Manual.
   - The Nursing manual has been completed and is being printed. It will be distributed throughout the Province once printing is complete.

3. Provincial blood and blood products utilization strategy in place to ensure the optimal use of limited resources in a cost-effective manner.
   - The PBPCO continues to work with the Hemophilia program in order to ensure the effective, efficient and appropriate use of blood product derivatives.

4. Timely and accurate response to inquiries regarding Blood Programs.
   - PBPCO continues to provided timely and accurate information to external and internal stakeholders

5. Establishment of an enhanced and renewed quality assurance program for laboratory sciences to develop and monitor standards and standards development.
   - In conjunction with the College of Physicians and Surgeons of Manitoba new standards of practice have been developed in conjunction with revisions to the pertinent bylaws of the College in order to enhance the effectiveness and efficiency of the Manitoba Quality Assurance Program.

## Appeal Boards

**Manitoba Health Appeal Board** (as of May 2006, incorporated Appeal Panel for Home Care)
The Manitoba Health Appeal Board is a quasi-judicial body which hears appeals as specified under *The Health Services Insurance Act*, *The Emergency Medical Services and Stretcher Transportation Act* and *The Mental Health Act*. In May 2006, the Minister of Health merged the Appeal Panel for Home Care into the Manitoba Health Appeal Board. Home Care Program appeals continue to be heard by this Board.

### The objectives were:

- To fulfil the Manitoba Health Appeal Board's mandate as set out in *The Health Services Insurance Act* including the performance of appeal adjudication and advisory functions.

### The expected and actual results for 2006/07 included:

1. Enhanced communication between the health care community, the community at large and the Minister.
   - The Manitoba Health Appeal Board advised Manitoba Health and Healthy Living representatives and the Minister of Health through verbal and written communication, of pertinent issues raised during the Board's business.

2. Clients/families/physicians have the opportunity to make appeals.
   - The Manitoba Health Appeal Board processed 311 appeals in 2006/07 from decisions on long-term care authorized daily charges and on medically insured benefits under *The Health Insurance Services Insurance Act* and regulations, and 345 appeals in 2005/06. 22 of these were Insured Benefits hearings, two were Hepatitis C hearings, and in addition, 18 hearings were held on issues related to Home Care services, three of which were for appeals carried forward from 2005/06.
   - The Manitoba Health Appeal Board heard appeals from a wide variety of appellants including Long Term Care Residents and/or their families, the Public Trustee, individuals with Hepatitis C, etc.

3. Timely, fair and impartial adjudication of appeals.
   - All appeal decisions were made *in-camera* after reviewing written evidence and hearing oral evidence, remained at arms-length from both appellants and/or respondents and did not provide specific advice on ways to prepare for appeals.

4. Independent decisions rendered and rationale for decisions provided.
   - Insured Benefits appeal decision letters identified specific reasons for the decisions made by the Manitoba Health Appeal Board.
   - Home Care appeals retained independent decision-making in keeping with the principles of fundamental justice and rationale for decisions provided.

5. Uniform application of criteria and policies throughout the Province.
   - The Manitoba Health Appeal Board followed its standard Rules of Procedure in every appeal hearing, and all appellants and respondents were made aware of the rules of procedure before the appeal hearings.

## Mental Health Review Board

The Mental Health Review Board is a quasi-judicial body established under *The Mental Health Act* which hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.

### The objectives were:

- To provide and administer an appeal process for the admission or treatment of a patient in a psychiatric facility.

**The expected and actual results for 2006/07 included:**

1. Enhanced communication between the health care community, the community at large and the Minister.
   - Achieved through the opportunity to apply and appear before the Mental Health Review Board.

2. Clients/families/physicians have the opportunity to make appeals.
   - The Mental Health Review Board received 195 applications for appeal during 2005/06 as compared to 221 applications in 2006/07.

3. Timely, fair and impartial adjudication of appeals.
   - Timely, fair and impartial adjudication was provided for 42 hearings in 2006/07 within the 21 day regulation of *The Mental Health Act* compared to 50 hearings in 2005/06.

4. Independent decisions rendered and rationale for decisions provided.
   - Provided independent decision-making in keeping with the principles of fundamental justice, eliminating further appeals to the Court of Queen's Bench.
   - Provided mandatory rationale for decisions to all parties for each hearing.

5. Uniform application of criteria and policies throughout the Province.
   - The Mental Health Review Board adjudicated and rendered decisions on appeals as specified within *The Mental Health Act*, the Regulations to *The Mental Health Act* and the Board's policies and procedures.

**2(d) Corporate Services**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 1,409.4 | 23.00 | 1,386.0 | 23.4 | |
| Other Expenditures | 928.9 | | 1,062.1 | (133.2) | |
| External Agencies | 583.9 | | 583.9 | - | |
| **Total Sub-Appropriation** | **2,922.2** | **23.00** | **3,032.0** | **(109.8)** | |

## Capital Planning

Capital Planning provides for the planning and management of the construction and capital financing of hospitals, personal care homes and other health facilities.

**The objectives were:**

- To oversee development and implementation of the provincial health capital program, and advise government on infrastructure and related policy and program requirements, to support population health objectives and ensure the sustainability of health facilities in Manitoba.

**The expected and actual results for 2006/07 included:**

1. A capital plan that supports the department's population health objectives.
   - Oversaw infrastructure projects that supported investment in state-of-the-art medical equipment and the development of new programs as well as improved facilities, and enhanced community-based services.
   - Construction of new primary care facilities.
   - New infrastructure to support programs such as cancer and dialysis.
   - Ongoing review and analysis of the capital sections of the regional health plans.

2. Health capital projects which are scoped and implemented in accordance with regional need and best practices, appropriate standards (program, design, and construction) and negotiated cost limits.

- Continued incorporation of the Power Smart Standard, to the greatest extent possible, for new construction and renovation projects.
- Followed the Green Building Policy for Government of Manitoba Funded Projects on green building design standards requiring all new capital projects to be built to a minimum LEED® (Leadership in Energy and Environmental Design) Silver rating or as close to a LEED® certified standard wherever practical.
- The following projects have been registered with the Canadian Green Buildings Council (CaGBC) as a LEED® Silver project:
  - Seven Oaks General Hospital – Emergency Room Development – This project is registered with the Canadian Green Building Council's Leadership in Energy and Environmental Design (LEED®) program for commercial interiors certification and is on track to achieve a silver rating.
  - Neepawa Personal Care Home (PCH) – this 100 bed PCH project is registered as a LEED® project with a Silver rating.
  - Aboriginal PCH – this 80 bed 54,000 square foot Aboriginal PCH in Winnipeg is in the design development stage and has been designed with ground source heating. This project plans to meet the LEED® silver designation.

3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost-sharing.
   - Ongoing function of the Branch in relation to all projects.

4. Timely and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.
   - Supported ongoing collaborative planning with Regional Health Authorities (RHAs) to prioritize current and future maintenance requirements.

5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
   - Collaborated with RHAs to identify new and emerging health care needs requiring new capital infrastructure to deliver services.
   - Continued to deliver a stable and appropriate number of maintenance projects.
   - Developed new space in support of new service delivery models and innovative services such as a new community Access Centre, community-based clinical diagnostics and community-based surgical capacity.

**Capital Projects completed:**
During the 2006/07 fiscal year, 12 major construction projects were completed at a cost of $189,951,640 including:

*Acute Care:*
- Critical Services Redevelopment Project at Health Sciences Centre (HSC) (Ann Thomas Building) – Project added 286,182 square foot of new space. Project supports a new Emergency suite, 13 adult suites, six children suites and CT capacity. The project also has several new information technology systems, including a surgical intervention system, sterile instrument tracking, Emergency Department tracking and a data repository.
- Burn Unit Project at HSC (Ann Thomas Building) – Construction of a 10 bed burn unit located on level three in the CICU.
- Winnipeg Regional Health Authority (WRHA) – Cardiac Services Enhancement Project – Project provides new space to support consolidation of cardiac programs at St. Boniface General Hospital and HSC. The project creates 40,274 square feet of space dedicated to the delivery of cardiac services.
- WRHA Laundry Operations – Linen delivery and loading renovations at the HSC and the St. Boniface Hospital.

- WRHA – Reproductive Health Centre – Women's Health Clinic satellite - Development of a Women's Health Centre to provide services related to reproductive health.
- WRHA – Mature Women's Program – Relocation and expansion of the Mature Women's Program from HSC to the Victoria General Hospital.
- Misericordia Isolation Room – located adjacent to the Misericordia Health Centre, this negative pressure isolation room is designated for individuals with severe respiratory infections.
- Pinawa Hospital – Emergency Department upgrade and establishment of a Community Cancer Program – Renovations provided for a new emergency treatment room, two observation beds, a new nursing station and medication room. The Community Cancer Program included four chemotherapy treatment areas and support spaces.

*Long Term Care:*
- Foyer Valade – Addition and renovation of a new 39 bed unit increased the number of beds from 115 to 154. The project added approximately 17,000 square feet.
- Northern Spirit Manor – New 24,250 square feet 35 bed personal care home in Thompson, Manitoba.

*Provincial Programs:*
- Brandon – approximately 7,000 square feet of space to accommodate the Medical Transportation Coordination Centre located in the Brandon Regional Health Centre.

*Primary Health Care:*
- Transcona Access Centre – Tenant improvements will offer 33,000 square feet of space to support the provision of primary health care to the residents of Transcona.

**Capital Projects Initiated: (under construction)**
During the 2006/07 fiscal year, 11 new projects went into construction at an estimated cost of $87,151,900. These projects include:

*Acute Care:*
- Seven Oaks General Hospital – Emergency Room Redevelopment. Construction began on this project expanding and upgrading Winnipeg's Seven Oaks General Hospital emergency department. When the project is completed, emergency room space will increase by almost 50 per cent.
- Deloraine Health Centre – Community Cancer Program – will enhance access to chemotherapy services at Deloraine Hospital. The Deloraine program will afford cancer patients in the southwest corner of the Assiniboine Health Region improved quality of life by reducing the travel required to access diagnostic services and chemotherapy treatment.
- Thompson General Hospital – 6,200 square foot Hemodialysis Expansion (Burntwood Region) – will offer local residents access to dialysis services closer to where they live.
- The Pas Hospital – Renovations to the Emergency and Special Care Unit / Dialysis Unit (NOR-MAN Region) – will have a three-bed special care unit, a renovated exam and treatment area, and an expanded 10 bed dialysis unit.
- Steinbach – Bethesda Hospital – Outpatient Chemotherapy Program and obstetric facilities that includes four new birthing rooms.
- Dauphin – Community Health Services Building - will accommodate community health services, such as public health, community mental health and home care, along with Parkland RHA Corporate Services as well as the family medicine program.

*Primary Care:*
- Notre Dame de Lourdes – Lourdeon Wellness Centre - Manitoba Health and Healthy Living contributed funds in support of the medical component of this 16,500 square foot wellness centre.

*Long Term Care:*
- River Park Gardens – New 53,000 square foot 80-bed personal care home in St. Vital.

*Provincial Programs:*

- Ilford Nursing Station – replacement and modernization of a time-expired community health operation in Ilford.
- Thompson – new five bed free-standing residence for persons with acquired brain injuries.
- Selkirk Mental Health Centre – when completed will provide a ground level building with a 30 bed acquired brain injury unit, a 75 bed geriatric mental health unit, living space, quiet lounge, kitchen area, access to an outdoor courtyard for each unit, and space for rehabilitation therapy.

*Safety and Security:*

- In addition to the major projects completed and initiated, Capital Planning oversaw approximately 179 Safety and Security/maintenance projects throughout the province with a total expenditure of $23,270,765. A number of additional Safety and Security/maintenance projects are currently underway.

**2(e) Capital Planning**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 702.8 | 11.00 | 752.6 | (49.8) | |
| Other Expenditures | 179.7 | | 208.0 | (28.3) | |
| **Total Sub-Appropriation** | **882.5** | **11.00** | **960.6** | **(78.1)** | |

## Drug Management Policy Unit

The Drug Management Policy Unit (DMPU) was established to provide prospective, integrated and long-term strategic policy and planning capacity on emerging drug management and utilization issues.

### The objectives were:

- To establish provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, coordinated, cost efficient and effective, equitable, and sustainable publicly funded drug benefits across the continuum of care in Manitoba.

### The expected and actual results for 2006/07 included:

1. A provincial strategic drug management framework.
   - Completed th DMPU strategic planning exercise and recruited personnel to fully operationalize the Unit.

2. Integrated, evidence-based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and ensure sustainable and equitable publicly funded drug benefits.
   - Improved analytical capabilities and established forecasting protocols to improve budget controls and tracking by:
     - Establishing interdepartmental processes to increase the Departments analytical capacity and accuracy; and
     - Establishing processes to regularly review budget forecasts and expenditures.
   - Developed and signed the first of a series of Utilization Management Agreements and a Promotional Assurance Agreement to improve awareness of the differing cost-effectiveness of various therapies.

3. Strong collaborative relationships with external stakeholders in the development of drug management policy and implementation of initiatives.
   - Worked with external stakeholders to redesign the Manitoba Prescribing Practices Program to improve monitoring of safe prescribing of narcotics, promote appropriate drug use management, and support a prospective at source risk management system to limit drug diversion for Controlled and Narcotic medications.

- Established deliverables with the Manitoba Centre for Health Policy to qualify and quantify factors that may impact drug utilization.
- Developed and launched the Deductible Instalment Payment Program for Pharmacare to supplement Manitoba's Pharmacare Program. Manitobans who are expected to incur high costs for eligible Pharmacare benefits (relative to their estimated average monthly income) have the option of paying their annual Pharmacare deductible through monthly instalments.

4. Enhanced communication between the department and the health care community and the key stakeholders in the pharmaceutical sector.
   - Worked collaboratively with other Provinces and Territories on health policy initiatives to achieve consistency in product selection and cost containment to facilitate timely, effective, and efficient reviews and evaluations of drugs.
   - Established processes to improve communication with external stakeholders and other departments of Government.

**2(f) Drug Management Policy Unit**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 324.3 | 5.00 | 397.1 | (72.8) | |
| Other Expenditures | 64.4 | | 30.0 | 34.4 | |
| **Total Sub-Appropriation** | **388.7** | **5.00** | **427.1** | **(38.4)** | |

## Manitoba Centre for Health Policy

Provides funding to the Manitoba Centre for Health Policy for population health studies.

**The objectives were:**

- To provide funding for policy evaluation and research initiatives.

**The expected and actual results for 2006/07 included:**

1. The Centre commenced five major studies for Manitoba Health and Healthy Living that provides an analysis and assessment of priority health issues in Manitoba.
   - The What Works Project (to be done in collaboration with the Need to Know Team, a partnership of the Manitoba Centre for Health Policy, Regional Health Authorities, Manitoba Health and Healthy Living).
   - Additional Resource Use by People Who Have a Chronic Disease.
   - Effects of Drug Listing Decisions on Appropriate Utilization.
   - Levels of Care for PCH Admission.
   - Manitoba Child Health Atlas Update.

   The reports arising from the deliverables are expected to be completed in fiscal year 2007/08 or later.

**2(g) Manitoba Centre for Health Policy**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Other Expenditures | | | | - | |
| Manitoba Centre for Health Policy | 1,850.0 | | 1,850.0 | - | |
| **Total Sub-Appropriation** | **1,850.0** | | **1,850.0** | **-** | |

# Health Workforce

## Insured Benefits

Insured Benefits administers the Medical Program, Inter-Provincial Reciprocal Agreements, the Hospital Abstract Program, Out-of-Province Benefits, Audit and Investigations, the Third Party Liability Program and the Transportation Subsidy Program.

**The objectives were:**

- To provide policy direction and leadership to the Health Workforce Division and provide provincial leadership in the development of key strategic policy and program frameworks.
- To administer the Medical Program, Customer Service, Registration, Family Doctor Connection Program, Eligibility and Portability Agreement, Inter-Provincial Reciprocal Agreements, Registry Exchange, Hospital Abstract Program, Out-of-Province Benefits Inter-Provincial Hospital and Medical Programs and the Transportation Subsidy Program, as prescribed by *The Health Services Insurance Act* and *The Canada Health Act* for the benefit of Manitobans.

**The expected and actual results for 2006/07 included:**

1. Contribute to a sustainable health care system in Manitoba by ensuring that Manitobans are informed of and receive benefits to which they are entitled, and receive customer focused service.

Registration and Client Services

- Visits to the Client Services counter increased from 150,639 in 2005/06 to 155,217 in 2006/07. Client Services handled 139,776 telephone enquiries.
- 55,767address changes and 117,513 Manitoba Health and Healthy Living Registration Cards were issued.
- Customers who mailed in applications waited approximately 2 weeks to receive Manitoba Health and Healthy Living Registration Certificates.
- 15,358 new Registration Numbers were issued in Manitoba with 16,504 new certificates issued to 18-yr-olds receiving their own individual registration numbers in addition to 33,981 status changes (ex: newborns, marriages, separations and deaths).
- The Family Doctor Connection Program handled 22,936 enquiries.
- Registration and Client Services achieved a time frame of 10 to 15 minutes in assisting clients attending the office in person.

Medical Claims

- Received and processed 17,900,835 physician services, 177,350 optometric services, 912,811 chiropractic services and 4,215 oral surgery services, 19,174 registered nurse extended practice services.
- Processed 233,944 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Interprovincial Reciprocal Agreement.

Out of Province Claims

- Adjudicated 1,429 requests from Manitoba specialists for coverage of services outside of Manitoba.
- Provided $1.0 million in travel subsidies to 798 patients for 1,058 international and domestic trips.
- Adjudicated 6,410 physician claims, 2,707 out-patient visits and 2,209 in-patient days for emergency care outside of Canada.
- Paid $9.9 million to other provinces and territories in accordance with the inter-provincial Reciprocal Billing Agreement for physician fees (excluding Quebec physicians), and $26.7 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- Recoveries received by Manitoba Health and Healthy Living as a result of reciprocal billings to other provinces and territories for care provided to their residents totalled $11.2 million for physician fees (excluding Quebec physicians) and $44.9 million for hospital services.

- Represented Manitoba Health and Healthy Living in 22 hearings of the Manitoba Health Appeal Board.

Medical Review Committee

- The Medical Review Committee was established under *The Health Services Insurance Act* to review Manitoba physicians' patterns of practice and to function as a formal appeal mechanism for physicians with claims processing disputes. There are seven members: three appointed by Manitoba Health, three appointed by the Manitoba Medical Association and one appointed by the College of Physicians and Surgeons of Manitoba.

  During the 2006/2007 fiscal year the Committee:
  - Held 8 meetings.
  - Reviewed 309 medical practitioners' patterns of practice resulting in 19 physicians being requested to identify reasons for variance from their peers and 17 physicians were asked to self-review.
  - Referred concerns regarding physician's standards of care to the College of Physicians & Surgeons.
  - Referred concerns of overpayments to 2 physicians to Manitoba Health.
  - Received 1 referral from Manitoba Health and 1 from the College of Physicians and Surgeons.
  - Adjudicated on 2 disputes between physicians and Manitoba Health.

Patient Utilization Review Committee

- The Patient Utilization Review Committee was established as a standing committee to identify patients who have received services beyond medical necessity and to recommend educational initiatives as appropriate. There are four Committee members; one physician appointed by Manitoba Health (MH), one physician appointed by the Manitoba Medical Association (MMA), one pharmacist appointed by the Manitoba Pharmaceutical Association and one citizen appointed by MH and the MMA.

  During the 2006/2007 fiscal year the Committee:
  - Held 5 meetings;
  - Reviewed 100 registrants who received an inordinate number of medical services from general practitioners and 2 referrals from outside agencies. Under this process if the medical need is not warranted, the Committee would recommend that the registrant enter into an Agreement to restrict themselves to one physician and/or one pharmacy for all non-emergent medical services;
  - Referred concerns regarding possible over-servicing to the Medical Review Committee;
  - Referred questionable dispensing practices to the Manitoba Pharmaceutical Association;
  - Referred concerns regarding narcotic prescriptions to the College of Physicians and Surgeons.
- Since the Committee was established in 1993, 199 registrants have signed an Agreement with the Department of Health. The number of office visit's for the highest user during the Committees initial review in 1990/1991 was 247. The highest user in 2005/2006 had utilized 126, a decrease of 50% from the initial review. The statistics over the life of the Committees' work reflect the educational impact that the Committee has had and continues to have on the use of medical services by high user patients. The review process identifies registrants early on where there is potential for abuse. Even where Agreements are not entered into, there is a consistent reduction in utilization of services after individuals have been made aware of their patterns of service use.

Audit and Investigations

- Officers in the Audit & Investigations Unit are responsible for ensuring that various programs and agreements within Manitoba Health are maintained by conducting timely and effective audits and investigations. Objectives are accomplished by:
  - Performing risk assessment/management projects;
  - Assessing funding agreements;

- Identifying inappropriate practitioner, chiropractic billings; individual registrant overuse, or inadvertent billing errors that indicate areas for improvements in the programs;
- Developing and implementing remedial action to strengthen the integrity of the programs;
- Recovering improperly paid benefits from providers and recipients of service.

- Audit and Investigations derives their authority from Sections 75.2 and 128(1) of *The Health Services Insurance Act* and Section 10(2.1) of *The Prescription Drugs Cost Assistance Act*.

Third Party Liability Program

- The Third Party Liability Program is responsible for the recovery of insured health costs such as medical and hospital services, prosthetic and orthotic costs, personal care home charges, and out of province and out of country costs incurred on behalf of Manitoba residents as a result of third party liability and negligence. The program operates in accordance with *The Health Services Insurance Act*. The Ministry is also entitled to recover prejudgement interest on its accounts.

**3(a) Insured Benefits**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 5,807.8 | 124.29 | 5,612.3 | 195.5 | |
| Other Expenditures | 1,977.4 | | 2,064.9 | (87.5) | |
| **Total Sub-Appropriation** | **7,785.2** | **124.29** | **7,677.2** | **108.0** | |

## Medical Labour Relations

Medical Labour Relations represents Manitoba Health and Healthy Living in negotiating agreements with physicians, oral/dental and maxillofacial surgeons, chiropractors and optometrists and in remunerating these professionals in accordance with provincial regulations, policies and agreements.

The activities undertaken within the Branch provide for the planning, development and implementation of strategic policies for physician resources, recruitment support and medical profession regulation.

**The objectives were:**

- To represent Manitoba Health and Healthy Living in negotiations/arbitration concerning fee-for-service and alternate remuneration for medical and medical related health practitioners.
- To develop appropriate fee-for-service and alternate funding arrangements with medical professionals and organizations within the Health Authority structure.
- To administer both fee-for-service and alternate funded agreements/arrangements.

**The expected and actual results for 2006/07 included:**

1. Monitor and administer the compensation agreements for both fee-for-service and alternate funded physicians.
   - Implementation and ongoing administration of the Master Agreement between Manitoba Health and Healthy Living, and the Manitoba Medical Association for both fee-for-service and alternate funded physicians.

2. Achieve renewal of agreements with other medical related health practitioner groups, as they expire.
   - Agreement ratified in January 2007 between Manitoba Health and Healthy Living and the Manitoba Chiropractor's Association.

3. Monitor and administer the fee-for-service /alternate funded agreements negotiated with the other professional associations (Manitoba Chiropractors Association, Manitoba Association of Optometrists and the Manitoba Dental Association).
   - Ongoing administration of the above.

4. Achieve clearly defined mandates and organizational goals for Medical Labour Relations.
   - Mandate was established for CancerCare physicians in 2006/07.

5. Establish an efficient and effective information network to support Medical Labour Relations in its decision making.
   - Ongoing participation in the Health Cross Jurisdictional Database;
   - Ongoing participation with the Canadian Institute for Health Information.

**3(b) Medical Labour Relations**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 852.0 | 12.00 | 1,056.4 * | (204.4) | 1 |
| Other Expenditures | 363.0 | | 713.1 * | (350.1) | 2 |
| External Agencies | 735.1 | | 780.1 | (45.0) | |
| **Total Sub-Appropriation** | **1,950.1** | **12.00** | **2,549.6** | **(599.5)** | |

* includes enabling appropriation for Wait Time Initiatives

*Explanation Number:*

1. Under-expenditure primarily due to vacancies
2. Under-expenditure primarily due to lower professional services costs

## Workforce Policy and Planning

**The objectives were:**

- To develop policies and strategies to support the availability of appropriate healthcare professionals and workers (physicians, nurses, and allied health professionals) to deliver healthcare services in Manitoba.
- To review, assess and advise on collective bargaining issues relating to the nursing, professional/technical and paramedical, maintenance and trades, and support sectors.

**The expected and actual results for 2006/07 included:**

1. Evaluation of recruitment/retention strategies for nurses, physicians, and allied health professionals.
   - A report titled *Manitoba's Health Human Resource Plan – A report on supply* was produced and made publicly available in early 2006. This report details the current supply of health care professionals in the physician, nursing, and allied health sectors. It also outlines the initiatives in place today and being developed in the future to help recruit and retain health professionals in Manitoba. To date, work continues on these workforce initiatives.

   PHYSICIANS
   - The Medical Student and Resident Financial Assistance Program (MSRFAP) became established in 2001.
   - The Educational Assistance Option (EAO) under the MSRFAP has distributed over 857 grants for a total of over $15.0 million.
   - The Practice Assistance Option (PAO) under the MSRFAP was enhanced in 2005 to provide yearly grants of up to $15,000 to physicians for each year of full-time work in urban Manitoba, and five yearly grants of up to $25,000 to physicians for each year of full-time work in rural Manitoba. The program is currently being evaluated to assess the effectiveness of these incentives in recruiting and retaining physicians in Manitoba.
   - The Medical Licensure Program for International Medical Graduates was implemented in April 2001 to assist international medical graduates living in Manitoba to obtain conditional medical registration and begin primary care practice in the Province. Intake into the program has increased from 10 to 25 spots.

NURSES

- The Nurses Recruitment and Retention Fund (NRRF) has allocated more than $17.9 million towards strategies to recruit and retain nurses in the Manitoba workforce since 1999. As of 2006/07; there have been 921 nurses who received NRRF relocation assistance to work in Manitoba, 486 individuals have received funding for refresher programs to re-enter the nursing workforce, and more than $8.3 million have been allocated to the Regional Health Authorities (RHAs) for nurse's continuing education.
- In June 2005, a new regulation came into effect to allow registered nurses, who met the qualifications outlined by the College of Registered Nurses of Manitoba, to order diagnostic tests, prescribe drugs, and perform certain medical procedures independently. In 2006/07, the Department developed a plan to support the policy direction for improving access to primary health care services by increasing the utilization of nurse practitioners on the extended practice register RN(EP). The plan included the hiring of a nurse practitioner consultant to provide leadership and support for RN(EP) implementation in Manitoba, nurse practitioner education assistance program, and funding for additional RN(EP) positions.

2. Accessible training programs for health professionals.

PHYSICIANS

- Enrollment in the undergraduate medical program at the University of Manitoba's Faculty of Medicine has increased from 85 to 100.
- $50,000 return-of-service grants continue to be available to physicians to return to school to undertake additional training in an area of need such as emergency medicine or anesthesiology.

NURSES

- The reporting of enrollment in nursing education programs is based on the academic year. As of November 2006, there were 2,880 students enrolled in nursing education programs throughout Manitoba. Final reporting of enrollment in nursing education programs by the Department of Advanced Education and Literacy will be available in the Fall 2007.
- The second intake of the Licensed Practical Nurse (LPN) to Registered Nurse (RN) education program commenced in September 2006. The three sites selected for this intake were Morden/Winkler, Gimli and Dauphin. All three sites are filled to capacity with 24 students registering in total.

ALLIED HEALTH

- In September 2005, enrollment in the Medical Laboratory Technology program at Red River College was increased by five seats (25-30). In September 2006, it was increased by a further five seats (30-35). A further expansion of five seats is planned for the September 2007 intake (35-40).
- In September 2005, enrollment in the Medical Radiologic Technology program at Red River College was expanded by 15 seats (from 25-40).
- Manitoba Health has purchased eight seats in the Nuclear Medicine technology (NMT) program at the Southern Alberta Institute of Technology (SAIT). Two students from the Winnipeg Regional Health Authority (WRHA) were enrolled in 2004/05 and have signed Return of Service agreements with the WRHA. In 2005/06, three students (two from WRHA and two from Brandon RHA) were enrolled in the program. They entered their clinical year at Health Sciences Centre in the summer of 2006 and are scheduled to graduate summer of 2007. They have also signed Return of Service agreements with the WRHA.

3. Improved recruitment and retention of physicians, nurses and other health care providers.

PHYSICIANS

- As of April 2006, the total number of licensed physicians in the province was 2,218 (*Source*: College of Physicians and Surgeons of Manitoba, 2006 Annual Report). This represents a net gain of 180 physicians (approximately 9%) since 1997. The number of licensed physicians in areas outside of Winnipeg over this time period increased from 474 to 555.

NURSES

- As of December 2006, there are 1,019 more practicing RNs plus 32 RN(EPs), and 597 more practicing LPNs as compared to December 1999. The number of practicing RPNs has remained essentially stable (-59). Therefore, since 1999 there are 1,589 more nurses practicing in Manitoba's health care system. (*Source:* December 2006 registration data from the Colleges of Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses).
- The Nurses Recruitment and Retention Fund (NRRF) was established in 1999 to help recruit and retain nurses in Manitoba. Strategies supported by the Fund include relocation assistance, conditional grants for new graduates, continuing education, and specialty projects.

4. Improved retention of new Manitoba graduates in Manitoba healthcare settings.

PHYSICIANS

- In 2006, there were 30 newly licensed physicians in Manitoba who obtained their M.D. from the University of Manitoba Faculty of Medicine (*Source*: College of Physicians and Surgeons of Manitoba, 2006 Annual Report). This compares to 21 in 1999.

NURSES

- The Nurse Recruitment and Retention Fund (NRRF) provides a $4,000 Conditional Grant to new registered nurses, registered nurses on the extended practice register and registered psychiatric nurses for a one year return of service commitment in rural or northern Manitoba, where recruitment is generally more difficult. The grant began in 2004 and as of 2006/07 there have been a total of 205 recipients of this grant who accepted positions in rural or northern Manitoba.

ALLIED HEALTH

- Two students from the WRHA began the Nuclear Medicine Technology program at Sourthern Alberta Institute of Technology (SAIT) in September 2006. Return-of-service agreements have been signed with both students. Manitoba Health will be purchasing seats again for a new intake of nuclear medicine student for fall 2007.

5. Improved coordination of health care provider supply with employer needs.

PHYSICIANS

- The Physician Resource Coordination Office (PRCO) continues to support RHAs in their efforts to recruit physicians to Manitoba. The objectives of the PRCO include coordinating and centralizing physician resource information and initiatives, as well as supporting physician recruits through the entire recruitment process. To this end, the PRCO has launched a comprehensive physician resource and recruitment website at www.healthemployment.ca. The site is a "one-stop" shop aimed at recruiting physicians and has resulted in moving towards a more coordinated provincial process.
- Recently, on behalf of regional and other stakeholders, the PRCO began coordinating the implementation of a new assessment process for international medical graduates (IMGs). The change in process is a key component to improving recruitment and retention of family medicine physicians in rural and northern Manitoba.
- The PRCO continues to be at the forefront of coordinating regional efforts to recruit and retain physicians in Manitoba.

NURSES

- The Nurse Vacancy Survey collected annually by the regional health authorities and submitted to Manitoba Health is a key indicator of the nursing workforce supply needs. The vacancy data from the December 2006 survey showed an 8.7% vacancy level for the regulated nursing workforce (registered nurses, registered psychiatric nurses, and licensed practical nurses). Improvements to the supply of nurse is directly attributable to the investments made to increase the capacity of nursing education programs, as well as the strategies supported by the Nurse Recruitment and Retention Fund.

**3(c) Workforce Policy and Planning**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 723.7 | 12.00 | 715.0 * | 8.7 | |
| Other Expenditures | 219.7 | | 227.2 * | (7.5) | |
| **Total Sub-Appropriation** | **943.4** | **12.00** | **942.2** | **1.2** | |

* includes enabling appropriation for Wait Time Initiatives

# Regional Affairs

## Administration

**The objectives were:**

To provide support to the Minister of Health, the Minister of Healthy Living, and Regional Health Authorities (RHAs) by providing leadership and recommendations in the planning, implementation, monitoring and evaluation of health services to the residents of Manitoba.

**The expected and actual results for 2006/07 included:**

1. Flexible response to the changing needs and demands of Manitoba's health services system.
   - The Department arrived at 13 Strategic Priorities to address the changing needs of the health system. Out of these priorities Regional Affairs has actively participated in six of the 13 and has taken the lead in the following four areas: Long Term Care; Physician Integrated Network; Mental Health and Addictions; and Wait Times. All of these initiatives are working towards system enhancements to allow for improved patient care and outcomes.

2. Timely research and response to public expressions of concern related to service delivery issues.
   - In the spring of 2006 there was a great deal of public concern over the long waits and the acute staff shortages in the Emergency Rooms. Regional Affairs partnered with Work Force Planning and conducted an extensive and comprehensive review of Emergency Departments across the province to provide the Minister and the Deputy Minister a report and recommendations to address this issue. Regional Affairs has also participated at a National level with the Canadian Council on Donations and Transplants and the Task Force Group on Antiviral for Prophylaxis to address the increasing issues of organ donation and pandemic preparedness.

3. Timely information is made available to the Minister of Health, Minister of Healthy Living, internal clients, and the RHAs that support their decision-making.
   - Regional Affairs tracks and reports on a variety of data to assist the Ministers and the RHAs in their decision making. Emergency room, surgical, and wait time statistics are collected and reviewed regularly.

4. RHAs are held accountable within the provisions of *The Regional Health Authorities Act*.
   - In addition to the on-going support that Regional Affairs offers the RHAs, the Manitoba government commissioned an external review of the RHAs to ensure that the quality and affordability of patient care is maximized.

5. Appropriate allocation of resources to the RHAs health programs and operations.
   - The Federal Government announced in November 2006, the establishment of the Canadian Strategy for Cancer Control committing $260M over the next 5 years. In response, Regional Affairs collaborated with Cancer Care Manitoba, Canadian Cancer Society, and the RHAs and put forward a Provincial Cancer Strategy, cancer services are being extended outside of urban centres to provide care to Manitobans closer to their homes. In addition to the chemotherapy services that now exist in all RHAs except Churchill RHA, Regional Affairs is steering the Brandon Radiation Committee to assist in the implementation of a treatment model that combines radiation therapy and chemotherapy for the Brandon Region.

6. Appropriate utilization of health services provided by the RHAs.
   - Regional Affairs supports the completion of comprehensive Community Health Assessments by providing each RHA, CancerCare Manitoba, and Addictions Foundation of Manitoba with data to assist in their planning.

**4(a) Administration**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 216.5 | 3.00 | 204.9 | 11.6 | |
| Other Expenditures | 56.5 | | 38.6 | 17.9 | |
| **Total Sub-Appropriation** | **273.0** | **3.00** | **243.5** | **29.5** | |

## Emergency Medical Services

Emergency Medical Services provides provincial leadership and surveillance of the air and land ambulance transport system, and the provision of stretcher transport.

**The objectives were:**

- To facilitate the development of regional emergency medical services delivered by Regional Health Authorities (RHAs).
- To be responsible for carrying out activities related to the regulation of all aspects of medical transport in Manitoba.
- To coordinate the operation of the Lifeflight Air Ambulance Program.
- To ensure that the providers of air ambulance transport (which are not governed by the RHAs) is performed to appropriate standards and in compliance with regulations.

**The expected and actual results for 2006/07 included:**

1. Develop, distribute and monitor the implementation of current, medically accountable practice guidelines and standards for pre-hospital patient care provided by Manitoba's Emergency Medical Response System.
   - An annual review of the Emergency Treatment Guidelines was conducted and there were eight revisions and the addition of three new guidelines.
   - There were revisions to four Emergency Treatment Protocols and the addition of three new protocols.

2. Evaluate new practitioners, and continuing evaluation of existing EMS practitioners, to ensure minimum patient care standards are met as required under the Act and Regulation.
   - A total of 218 individuals were newly licensed for land ambulance this past year. There were 100 individuals at the Technician Medical Responder level, 108 individuals at the Technician Paramedic level, and 10 individuals at the Technician Advanced Paramedic level.
   - A total of 224 individuals were newly licensed for air ambulance and stretcher service. This included 111 pilots, 69 aeromedical attendants, and 44 stretcher attendants.

- Fifty one individuals applied for relicensure; 34 at the Technician Medical Responder and 17 at the Technician Paramedic level.
- There are 829 licensed EMS personnel who are maintaining their license through the Alternate Route to Maintenance of Licensure (ARML) program. Four hundred and ninety one individuals are not in the ARML program and may not be required to renew their licenses this fiscal year.
- There were 1,752 licensed EMS personnel in Manitoba on December 31, 2006. The breakdown for the personnel categories are 1,528 land personnel, 69 aeromedical attendants, 111 pilots, and 44 stretcher attendants.

3. Safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program.
   - In 2006/2007, Lifeflight provided safe transport for 533 seriously ill or injured patients from rural and northern facilities to tertiary centres primarily in Winnipeg.
   - In 2006/2007, Lifeflight arranged for the transport of 107 Manitoba residents who required medical care not available in Manitoba.

4. Ongoing evaluation of licenced EMS services including vehicles, equipment, and processes used in the delivery of EMS to ensure patient safety as required under the Act and Regulation.
   - There are 31 licensed land ambulance providers in the province of Manitoba. These include the 11 RHAs and non-devolved ambulance stations that have service purchase agreements with the RHAs.
   - There are 93 individual ambulance stations operating 168 ambulance vehicles.
   - There are six licensed air ambulance providers.
   - In September 2007, the Medical Transportation Coordination Center (MTCC) commenced operation. In its first phase of operation, the MTCC began dispatching emergency ambulance calls outside of Winnipeg, and will eventually coordinate all ambulance calls outside of Winnipeg, as well as routine inter-facility calls within Winnipeg. The MTCC incorporates the latest in computer aided dispatch, electronic mapping and computerized radio systems to quickly locate calls for help and identify the closest and most appropriate resources to send to deal with the emergency.

**4(b) Emergency Medical Services**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 1,022.3 | 13.00 | 952.5 | 69.8 | |
| Other Expenditures | 4,576.0 | | 5,135.0 | (559.0) | |
| External Agencies | 18.5 | | 22.5 | (4.0) | |
| **Total Sub-Appropriation** | **5,616.8** | **13.00** | **6,110.0** | **(493.2)** | |

## Disaster Management

**The objectives were:**

- To ensure the health care system and Government of Manitoba is capable of providing a coordinated and effective response to the health needs of Manitobans during a disaster.
- To provide a comprehensive emergency preparedness program.

**The expected and actual results for 2006/07 included:**

1. Active support to each Regional Health Authority (RHA) on the implementation of their disaster management programs.
   - Based on a hazard assessment, the Office of Disaster Management has concentrated work with RHAs in two areas; pandemic influenza and backup power resiliency in personal care homes.
   - Operational support during emergencies and disasters continues on an as needed basis. The Office of Disaster Management provides emergency management advice and coordination to RHAs through the Manitoba Health Duty Officer. During the fiscal year, the Manitoba Health Duty Officer has provided advice and coordination in over fifty events.

- The Disaster Management Network began work on approaches and protocols for severe weather events (ex: tornadoes, hail, and severe thunderstorms), Hazardous Materials, and Communications Infrastructure.

2. A fully integrated health incident management system.
   - Manitoba Health and Healthy Living and RHAs continue to develop their incident management systems. Manitoba Health and Healthy Living has put into place a policy direction requiring all RHAs to develop and implement incident management systems. At the RHA level functional Incident Management Systems are in place and training continues for management and staff at all levels. RHAs have successfully implemented Incident Management Systems to respond to a variety of emergencies and disasters throughout the province.
   - At Manitoba Health and Healthy Living the Emergency Response Management System (ERMS) has been developed to respond to large scale health sector emergencies such as a pandemic influenza. The ERMS has been implemented centrally in Manitoba Health and Healthy Living to respond to public health events. The rollout of mass training to Manitoba Health and Healthy Living is expected in 2007/08.
   - At the national level Manitoba Health and Healthy Living is working closely with F/P/T counterparts to ensure a unified National Health Incident Management System that will allow for a coordinated response to large scale regional or national health emergencies.

3. A coordinated and effective response to a pandemic influenza in the Government of Manitoba, local governments, business and educational sectors.
   - Manitoba Health and Healthy Living continue to work with a variety of stakeholders to ensure the Pan-Canadian goals of limiting morbidity and mortality and societal disruption. Work on pandemic preparedness concentrated in the areas of Mass Fatality Planning, Pandemic Influenza Preparedness Guidelines for Local Governments, Pandemic Influenza Preparedness Guidelines for Manitoba Businesses and Medical Surge Capacity Planning.
   - Mass Fatality Planning - the Office of Disaster Management has assembled a multi disciplinary task group including members from the Chief Medical Examiners Office, Office of the Chief Medical Officer of Health, Emergency Measures Organization, Office of the Fire Commissioner, and numerous other Departments, as well as representation from NGOs, and the funeral association. The goals of this group are to ensure there is capacity in Manitoba to ensure an organized response to any mass fatality incident in a manner that respects the religious and cultural beliefs while maintaining the public health and safety of Manitobans.
   - Pandemic Influenza Preparedness Guidelines for Local Governments - the Office of Disaster Management and Office of the Chief Medical Officer of Health developed pandemic preparedness guidelines for Local Governments (ex: towns, villages, rural municipalities, cities, and First Nations). These guidelines were presented to local governments in 22 meetings held across Manitoba and focused on pandemic influenza information as well as preparedness activities and techniques that local communities could implement as part of their emergency planning. Since the development of the guidelines, the Office of Disaster Management has received hundreds of requests for copies of the guidelines, and the Government of Manitoba Pandemic Influenza Web site has had thousands of visitors to the Pandemic Influenza Preparedness Guidelines for Local Governments section.
   - Pandemic Influenza Preparedness Guidelines for Manitoba Businesses - the Office of Disaster Management and the Office of the Chief Medical Officer of Health developed pandemic preparedness guidelines for Manitoba Businesses. Manitoba Health and Healthy Living has held a number of meetings with business associations to provide information about pandemic influenza as well as recommendations about pandemic preparedness planning and business continuity planning.
   - Medical Surge Capacity Planning - To support the surge in patients that is expected in a number of emergencies and disasters including pandemic influenza the Office of Disaster Management has begun the development of a self sustaining instructor network for the National Emergency Stockpile System (NESS). This system can be utilized for a number of emergencies or disasters that would require additional surge capacity. The continued development of this system will be fostered by The Office of Disaster Management in coming years.

4. Safer communities that suffer fewer deaths, physical injuries, and psycho-social trauma as a result of disasters.
   - Evidence from other jurisdictions indicates that when emergencies or disasters occur if appropriate levels of preparedness, response mechanisms and recovery programs exist, communities will suffer fewer deaths, physical injuries, and psycho-social trauma. Measuring the effects of emergencies and disasters is an ongoing challenge for The Office of Disaster Management.

**4(c) Disaster Management**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 306.8 | 4.50 | 289.8 | 17.0 | |
| Other Expenditures | 134.3 | | 65.7 | 68.6 | |
| **Total Sub-Appropriation** | **441.1** | **4.50** | **355.5** | **85.6** | |

## Urban Regional Support
## Northern and Rural Support

**The objectives were:**

- To provide support to the Minister of Health, the Minister of Healthy Living, Regional Health Authorities (RHAs), and CancerCare Manitoba in the planning and implementation of efficient, effective, evidence-based, holistic health services to improve the health status of Manitobans.

**The expected and actual results for 2006/07 included:**

1. RHAs are held accountable within the provisions of *The Regional Health Authorities Act*.
   - Provided ongoing leadership in the monitoring and licensing of personal care homes (PCH) across the province on a bi-annual basis, reporting of findings and follow-up of action plans to ensure that all standards are met over time. Reviewed PCHs and provided the Minister of Health with recommendations relative to the renewal of their respective licenses.
   - Provided extensive support to the First Nation PCH, Pinaow Wachi Inc. providing assistance with their meeting standards particularly the Nursing Services Guideline. Since 2003, this facility and another First Nations PCH, Nelson House (Nisichawayasihk Elderly Care Home) were both licensed prior to the PCH Standards Regulation (2005) coming into force under the *Health Services Insurance Act*.
   - Provided ongoing leadership and provincial education in the reporting and management of Critical Incidents in relation to the November 1, 2006 proclamation of the *Regional Health Authorities Amendment and Manitoba Evidence Amendment Act*.
   - Chaired the department's review of Burntwood RHA implementation of its Action Plan stemming from the internal audit in 2006.

2. CancerCare Manitoba is held accountable within the provisions of *The CancerCare Manitoba Act*.
   - Participated in the review of the CancerCare Manitoba Annual Health Plan to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence based justifications.
   - Participated in the planning and identification of community cancer programs. In January 2007, Pinawa Hospital opened their satellite clinic.
   - In May 2006, The Provincial Oncology Drug Program was established to ensure the appropriate use of oncology medication and to monitor and manage the cost.

3. Manitobans receive appropriate quality care across the continuum.
   - An Agreement (funding/objectives) is in place with the Manitoba Institute for Patient Safety (MIPS). MIPS spearheaded several provincial quality initiatives including Safer Healthcare Now!, It's Safe to Ask, and regional Culture of Safety Surveys.

- Intensive follow-up was taken to a PCH Standards review at St. Adolphe PCH in South Eastman region. The department's intervention led to physical upgrades to promote fire safety and resident comfort and other changes to enhance overall resident care and safety.
- Participated on the Churchill RHA Health Services Working Group in developing an implementation plan to improve acute, chronic, community and mental health services, particularly to develop capacity to serve Nunavut residents.
- Worked with Burntwood and NOR-MAN RHAs, under the leadership of the Misericordia Health Centre Eye Care Centre of Excellence, to develop the Manitoba Retinal Screening Vision Program. This program uses federal Wait Times Task Force funding targeted for sight restoration and preservation to prevent vision loss and blindness, especially that caused by diabetic retinopathy. Under this program, nurses living and working in the north photograph the inner lining of the eye for interpretation by retinal specialists in Winnipeg, who then identify those patients that need to travel south for further diagnostic testing and treatment.
- The Manitoba Patient Access Network was established in June 2006, to collaborate with and provide advice to the Ministry on wait time and system access issues, the development and implementation of a province-wide strategy for improved patient access, surgical and diagnostic scheduling and improved operating room efficiency and utilization, communicating with the public and other key stakeholders on wait times, implementation of initiatives funded through the Wait Time Reduction Strategy, and related strategies to improve access to health care in Manitoba.
- Supported the promotion/public awareness of unprecedented partnerships with the Manitoba Cervical Cancer Screening Program to provide Pap Tests during the annual Pap Test Awareness week.
- Supported CancerCare Manitoba in the development of a funding proposal for a Colorectal Cancer Screening program pilot.
- Participated on the National Committee for the Canadian Breast Cancer Screening Initiative which provides a national perspective/recommendations/direction on the issues concerning breast cancer screening program implementation in Canada.
- Participated in the International Breast Cancer Screening Network Bienniel Meeting of the international consortium of countries with active population-based screening mammography programs, dedicated to collaborative efforts at understanding how to use and compare data from programs internationally and develop methods for evaluating impact.
- Participated in the Provincial Stroke Framework Advisory Committee. The purpose of this group is the development of a comprehensive provincial stroke framework which supports appropriate evidence-based stroke care for Manitobans across the continuum from prevention to acute care to rehabilitation and community re-integration.
- Participated on the Western Canadian Children's Network with the implementation of an interprovincial data base. The data base has been deployed to two of five sites.
- Participated in the development of a reporting system for Emergency Department performance indicators enabling the monitoring and routine communication of left not seen rate, admission rate, and average length of stay for admitted and non-admitted patients.

4. Appropriate allocation of resources to the RHAs and CancerCare Manitoba.
   - Participated in the review of the RHAs and CancerCare Manitoba Annual Health Plan to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence based justifications.
   - Led the development of Departmental Schedules to address regional health planning needs to successfully meet the health needs of the community and include appropriate resource allocations with evidence based justifications for the Estimates Process.
   - Participated in the review and prioritization/approval of rural and northern RHAs funding requests for specialized equipment.
   - Participated on the Provincial Imaging Advisory Committee in order to address equipment prioritization/purchasing.
   - Participated in the planning for the expansion of radiotherapy services to Brandon, a first step in moving to provide radiotherapy services outside of Winnipeg.

5. Appropriate utilization of health services provided by the RHAs and CancerCare Manitoba.

- RHAs participated with Manitoba Health and Healthy Living in Wait Time Task Force Working groups that address service capacity and utilization in high demand areas, resulting in collaborative ventures such as: Brandon and Assiniboine RHAs sharing resources for arthroscopies; rehab program for Brandon arthroplasty patients provided in the Assiniboine RHA, the expansion of services for Manitoba's head and neck oncology program through the collaboration of the Winnipeg Regional Health Authority (WRHA) and CancerCare Manitoba; and WRHA working with Brandon to support an additional echo scanner for Brandon using WRHA resources.
- Participated on the Canadian Association of Radiologists (CAR) project with Children's Hospital targeted to result in more appropriate referral criteria and guidelines for CTs and MRIs. This two-year project is cost-shared between Health Canada and Manitoba Health and Healthy Living, coming out of the $155M Wait Time Reduction Fund announced in 2005. Manitoba's share is $250,000, which has been provided to the Winnipeg Regional Health Authority "in trust" for CAR.
- Continued follow-up of the Emergency Care Task Force (ECTF) recommendations. A total of 46 recommendations were identified by the ECTF, all aimed at improving Emergency Department (ED) service within the region.
- Participated in working groups addressing ED renovations and enhancements in the WRHA; Seven Oaks General Hospital, Victoria General Hospital, and Concordia Hospital.
- Participated in the Emergency Department System Review Team the mandate of which was to assess the ED's of Manitoba in terms of current state, to identify current challenges and to develop recommendations to address those challenges.

6. Acute care waiting lists meet best practice standards and guidelines.
   - Led the development of a process to monitor progress on a WRHA wait time reduction strategy for breast diagnostics.
   - Waitlist validation has occurred in orthopedic joint replacement surgery, cataract surgery and sleep testing.
   - A provincial waitlist registry has been developed for orthopedic joint replacement surgery, sleep testing, and head and neck oncology program.
   - A provincial pediatric dental surgery wait list action plan has been developed. This plan includes a variety of initiatives such as validation of wait list and determination of information requirements and appropriateness standards for surgery. A reduction in wait time has been achieved. Work will continue to further improve this outcome.
   - Committed to a wait time guarantee.

7. Timely provision of information to internal clients, RHAs, and CancerCare Manitoba to support evidence-based decision-making.
   - Standardization and reporting of data has occurred in orthopedic joint replacement surgery, sleep testing, cataract surgery, diagnostic imaging, cardiac surgery, radiation wait times; wait time data is posted monthly on the Manitoba Health and Healthy Living Wait Time web site.
   - Implemented a revised method of Home Care data collation and reporting effective April 1, 2006 which was the outcome of a previous pilot project with a few of the RHAs. Telehealth, participation on provincial networks and current technology were used to facilitate this process which is aimed at increasing overall data quality.
   - Participated on the MCHP Working Group for the "Using Administrative Data to Develop Indicators of Quality Care in Personal Care Homes" study. The report was released in September 2006.
   - Participated on the MCHP Working Group for the" Application of Patient Safety Indicators in Manitoba: A First Look study. The Report was released June 2006 and enhances each region's evidence based decision making in order to further improve provincial patient safety.
   - Participated on the MCHP Working Group for "Emergency Room and Urgent Care Utilization in Winnipeg" study. This study is in progress.
   - Enhancement of internal critical incident reporting and management data base.
   - Continued to provide leadership and education relative to the Provincial Patient Safety Strategy which was released formally in January 2006.

- Led the Provincial Health Workplace Injury Reduction Action Group to oversee the development of a report on the analysis of health sector workplace injuries/compensation claims in Manitoba, and recommendation/strategies to address prevention of workplace injuries and improve claims management.
- Participated on the Canadian Agency for Drugs and Technologies in Health (CADTH) Board of Directors and Advisory Committee to ensure evidence-based research documents are available to, and reflect the information needs of policy/decision makers in Manitoba.
- Produced the annual bed map for reporting and monitoring the current number of provincially funded set-up beds, changes that have occurred in the past year and in comparison to previous years.

8. Flexible response to Manitoba's health services system changing needs and demands.
   - Implemented Stage 3 of a four-stage approach to transfer operational control to Diagnostics Services of Manitoba Inc.
   - Participated in the WRHA Regional Medical Device Reprocessing Committee to respond to new reprocessing techniques, adopt best practices, and implement standardized policies and procedures for reprocessing activities.
   - Participated in the working group of the Misericordia Redevelopment Project.
   - Participated in the working group of the Critical Services Redevelopment Project at the Health Sciences Centre. Children's ED, Pediatric Intensive Care, Pediatric Operating Rooms and Post-Anesthesia Care Unit moved to the Ann Thomas Building.
   - Participated in the Cardiac Sciences Regional Project Implementation Committee to oversee the implementation of the Cardiac Sciences Enhancement Project and the January 2007 consolidation of cardiac surgery at the St. Boniface General Hospital.
   - Participated n the Northern and Rural Renal Advisory Committee to facilitate the delivery of dialysis in Winnipeg and local centres throughout the province.
   - In collaboration with the Women's Health Clinic and other stakeholders, the Reproductive Health Centre was officially opened in March 2007 providing enhanced access to services.
   - Continued participation in the Rehab Reconfiguration working group, which has now moved to the implementation phase of the reconfiguration. Phase One was completed in June 2006. Planning for Phase Two initiated June 2006.
   - Participated on the Infoway Project Team and Steering Committee to develop a provincial public health surveillance solution set as part of a Pan-Canadian Health Surveillance system, to assist in the regional/provincial/interjurisdictional and national ability to capture data and facilitate a response to public health issues.
   - The Mature Women's Clinic (MWC) opened its doors at a new location in December 2006 at the Victoria General Hospital. This move enabled expansion of services to meet the increased client demand of women moving through the menopause transition. The MWC provides a range of services utilizing a nurse-managed, multi-disciplinary team approach with an emphasis on health promotion and disease prevention.
   - In collaboration the WRHA Child Health Program, The Minor Injury Clinic for Kids was opened at the Pan Am Clinic in December 2006.
   - The WRHA launched the Long Term Strategy in 2006. The Strategy was expanded in February 2007 to rural and northern communities. Creating increased community living options with supports provides alternatives to inappropriate or premature placement in Personal Care Homes (PCH). This will enable Manitobans to remain in their own communities to enjoy the social, culture and spiritual interactions that enrich their lives even though their health may be compromised.
   - In February 2007, Manitoba Health and Healthy Living and the WRHA signed an Agreement (funding/services) with the Maples Surgical Centre to perform publicly funded surgeries and MRIs.
   - The 35 bed Northern Spirit Lodge PCH in Thompson, Manitoba officially opened in February 2007 and is operated by the Burntwood RHA.

9. Supports and communication strategies are in place to assist with government's health response to disasters.

- Participated in the Manitoba Disaster Management Network which works to develop coordinated and consistent province-wide responses to issues such as pandemic flu and natural disasters.

10. Timely response to public expressions of concern related to service delivery issues.
    - Provided support to the Ministers of Health through investigating, reporting and responding to verbal and written public and media issues/expressions of concern related to health care delivery within Manitoba.
    - Led Geographic teams to enhance inter-departmental communication and coordination relating to complex issues affecting multiple branches in order to support and inform health organizations regarding concerns relating to service delivery issues.
    - Worked closely with Justice to address a Human Rights Commission complaint regarding equitable access.
    - Participated on the Joint Management Committee on Health Information Resources to oversee public health print resources development and distribution to ensure equitable access to resources required for public health practice throughout Manitoba.

**4(d) Urban Regional Support**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 2,061.1 | 32.12 | 2,246.0 * | (184.9) | |
| Other Expenditures | 430.9 | | 602.8 * | (171.9) | |
| External Agencies | 388.7 | | 392.3 | (3.6) | |
| **Total Sub-Appropriation** | **2,880.7** | **32.12** | **3,241.1** | **(360.4)** | |

* includes enabling appropriation for Wait Time Initiatives

**4(e) Northern and Rural Support**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 684.2 | 11.50 | 715.7 | (31.5) | |
| Other Expenditures | 195.2 | | 221.9 | (26.7) | |
| **Total Sub-Appropriation** | **879.4** | **11.50** | **937.6** | **(58.2)** | |

## Primary Health Care

**The objectives were:**

- To support the Minister of Health, the Minister of Healthy Living and Executive Management in the planning, development and implementation of Primary Health Care (PHC) to improve the health of Manitobans.
- To provide guidance, direction and support to Regional Health Authorities (RHAs), health providers, and communities in assessing, planning, implementing, monitoring and evaluating PHC initiatives.

**The expected and actual results for 2006/07 included:**

1. Improved access to PHC for Manitobans.
    - Primary Health Care Transition Fund (PHCTF) officially ended September 2006. The Manitoba initiatives were success in improving access, accountability and integration of services through fundamental and sustainable change to organizations, and delivery of PHC services.
    - The Primary Health Care Branch hosted a two-day sharing session held December 5 and 6, 2006, in which the RHAs shared the results of their PHCTF initiatives and their future plans for primary heath care. Resources, developed as part of the PHCTF, were shared and made available for other organizations to utilize.

- In order to build and support multidisciplinary teams within the province, the Primary Health Care Branch hosted two, train the trainer workshops on facilitating and strengthening interdisciplinary teams.
- The Canadian Medical Association's Physician Manager Institute series of workshops promotes physician leadership within the community. The Branch hosted a level 1 course for thirty family physicians representing the majority of the RHAs.
- The Branch, with the Winnipeg Regional Health Authority (WRHA), participated in developing a pilot Congestive Heart Failure Management Program using health lines. Evaluation results will be used to inform future development.
- Advanced Access (same day access) has proven to improve patients' access to primary care services as well as improving patient quality of care and physicians' work lives. The Branch hosted two one-day Advanced Access Awareness Workshops for approximately 100 participants of which the majority has expressed interest in implementing Advanced Access within their clinics. Additional work in this area is planned for the 2007/08.

2. Improved quality of PHC for Manitobans.
   - One of Manitoba Health and Healthy Living strategic priorities is the need to address primary care renewal. One strategy includes the development of a Physician Integrated Networks (PIN) which has been evolving under the guidance of an Advisory Committee with representation from the University of Manitoba; the Colleges of Registered Nurses and Physicians and Surgeons of Manitoba; the Manitoba Medical Association; the Winnipeg and Assiniboine RHAs and other primary care stakeholders.
   - PIN accomplished the following in 2006/2007:
     - conducted an environmental scan to identify gaps and develop a strategic plan;
     - developed an Interdisciplinary Team Toolkit;
     - created practice profiles;
     - developed the evaluation plan for PIN;
     - developed a resource guide for the Demonstration Sites called "Guide to Demonstration Site Plan Development";
     - developed a demonstration phase funding model;
     - successfully recruited 3 demonstration sites and 1 control site thus engaging 65 primary care physicians; and,
     - engaged the demonstration sites in selection their quality indicators for their clinics.

3. Resources to enable the provincial delivery of appropriate, integrated PHC services.
   - Manitoba implemented a Baccalaureate Degree Program in Midwifery beginning September 2006 at University College of the North. The program provides post-secondary education in Aboriginal midwifery, combining traditional and western medicine and practice and preparing students for registration with the College of Midwives of Manitoba.
   - Work was done in 06/07 to develop and implement a national bridging program for internationally educated midwives; to increase access to Canadian registration.
   - The branch led the establishment of a Mother and Child HealthCare Task Force was been established to review maternal and child health-care services in Manitoba and make recommendations for the future. This is to include development of recommendations around both primary care and prevention initiatives to strengthen services and create lasting change in maternal and child health care in Manitoba.

4. Appropriate allocation of PHC resources to and by the RHAs.
   - The Branch, in collaboration with Workforce Policy and Planning, supported a RHA in the development of a primary health care initiative that would stabilize primary care resources in four small rural communities.
   - Beginning in 2006/07, two additional midwifery positions were funded for northern Manitoba, to increase access to maternal/newborn services in the north and to support education of midwives.

5. Integrated PHC organizations are developed that deliver services in accordance with the principles of PHC and consistent with the provincial Primary Health Care Policy Framework.

- The Primary Health Care Branch, with the WRHA, participated on 2 Access Centre planning committees, one of which has received approval to proceed.

6. Timely and relevant PHC information is available to internal clients, the RHAs, and external stakeholders that support decision-making.
   - The PHC Branch participated in a federally sponsored initiative to develop an Electronic Medical Record (EMR) toolkit. The toolkit was designed to support primary health care practices with selecting hardware and software, to help practices use the EMR to support clinical decision making and to streamline workflow in the practice.
   - The PHC Branch led an internal stakeholder workshop on Dec 18, 2006 to assess the state of primary care with the intent of developing a three-year strategic plan for primary health care within the province.
   - The report of the Ministerial Working Group on Maternal and Newborn Services was provided to RHAs to support their planning for maternal/newborn service delivery.
   - Presentations and information were provided for senior RHA executives regarding:
     - the working group report;
     - development of multidisciplinary maternal/newborn services; and
     - safety and outcomes in provincial midwifery services.

7. Midwifery services are delivered in Manitoba in accordance with the provincial standard.
   - Primary Health care worked with RHAs with regard to midwifery services to:
     - assess program capacity and identify need for development;
     - evaluate services and monitor quality based on established guidelines;
     - maintain the midwifery discharge summary database;
     - disseminate information on best practice in maternal/newborn care; and,
     - support increased integration of regional maternal newborn services.

**4(f) Primary Health Care**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 202.4 | 4.00 | 261.3 | (58.9) | |
| Other Expenditures | 8 | | 62.0 | 22.0 | |
| **Total Sub-Appropriation** | **28** | **4.00** | **323.3** | **(36.9)** | |

# Healthy Living and Health Programs

Healthy Living and Health Programs, under the stewardship of the Minister of Healthy Living is assigned the lead role for the Healthy Living mandate. The Division focused on seven key areas: active living, healthy eating, mental health promotion, substance abuse reduction, chronic disease prevention, tobacco reduction, injury prevention, and healthy sexuality.

The Division also provides for management and administration of direct service delivery programs within Manitoba Health and Healthy Living and is responsible for providing grant funding for health related agencies. Direct service programs such as Cadham Provincial Laboratory and the Selkirk Mental Health Centre are also included within this Division. In 2006/07, under a departmental restructuring, responsibility for policy and planning in the area of mental health and addictions was transferred to the Regional Affairs Division and responsibility for Disaster Management was transferred to The Healthy Living and Health Programs Division.

# Administration

**The objectives were:**

- To provide leadership and policy advice in the development and implementation of a provincial healthy living strategy.
- To provide leadership to ensure that the needs of identified priority populations and programs are reflected in planning and policy development within the department.
- To provide leadership and direction to ensure mental health and addictions is improved through the development of provincial policies and strategic planning.
- To provide leadership and direction to ensure the development of health initiatives and programs that reflect the needs of the Aboriginal population.
- To provide public health leadership in the development of provincial policy relating to environmental health, healthy living, communicable and chronic diseases. pandemic planning, and other emerging public health issues and diseases.
- To provide information, advice and recommendations that support effective planning, policy formulation and decision-making for the department and for the health system.

**The expected and actual results for 2006/07 included:**

1. A provincial Healthy Living Strategy.
   - The province's healthy living strategy has been realized through the development and/or implementation of a number of key initiatives with major program funding provided through the Healthy Communities Development Fund.

2. Reduced illness and untimely death associated with both natural and environmental hazards.
   - Work began collaboratively on approaches and protocols for severe weather events, hazardous materials and communications infrastructure.

3. Manitobans have improved health and decreased preventable diseases and injuries.
   - The department continued work on the primary prevention initiative: CDPI (Chronic Disease Prevention Initiative; and implemented a number of targeted injury prevention strategies.)

4. Efficient, effective and appropriate delivery of core health services delivered directly by the department.
   - Programs and core services were delivered efficiently effectively and appropriately with a wide range of working relationships.

5. Allocation of resources consistent with established provincial and regional priorities.
   - Resources were allocated based on established provincial and regional priorities.

6. Systems are in place so that provincial health services are delivered with program, service and fiscal accountability.
   - The department's programs and core services were delivered with program, service and fiscal accountability while reflecting best practices.

7. Development of provincial strategies and evidence-based policies for the health sector that support the health of priority populations.
   - The department continued its focus on identifying and addressing the needs of priority populations including children, youth and adults with special needs, women, seniors, and Aboriginal people.

8. Improved integration of addictions and mental health services.
   - The department continued work on the Co-occurring Mental Health and Substance Use Disorders initiative. Integration has occurred at the provincial level of policy and planning, but continued planning and consultation continues at the service delivery level. Mental Health and Addictions staff have been trained in the initiative, and capacity has increased in both systems to work with clients with both issues related to substance use and mental health disorders.

9. Improved data on key mental health indicators.
   - The department continued work to plan towards a data system that would capture both mental health and addictions data. Consumer satisfaction continued to be measured across the province as well as measurement of screening in both the mental health and addictions systems for issues in either disorder.

10. Provincial programs and services framework reflects best practices.
    - Staff within the Division lead and participate on numerous and varied committees, at the regional, provincial/territorial and federal/provincial/territorial levels, to enhance opportunities for sharing and learning best practices.

11. A provincial policy on family member and natural support participation in the mental health system.
    - A provincial policy on family member and natural support participation has been distributed and is in place applicable to Regional Health Authority (RHA) mental health programs and to Selkirk Mental Health Centre.

12. Strong working relationships with external stakeholders in the development of policy.
    - Staff routinely work closely with numerous external stakeholders relevant to the area of policy development. In addition, the Division participated in the newly established Policy Dialogue sessions hosted by Health Canada and Manitoba Health to further enhance learning and build relationships.

13. Provincial policies to support the relationship of the aboriginal community to the health system.
    - Steps have been taken with stakeholder organizations, particularly with the Métis and First Nation organizations to work together towards policy changes related to the aboriginal community and the health system.

14. Medical/legal processes consistent with *The Mental Health Act* are implemented.
    - The Manitoba Health Legislative Unit and Manitoba Justice Civil Legal Services were consulted to facilitate the proper interpretation and application of *The Mental Health Act* and Regulations.

15. Manitobans have a pandemic plan reflecting public health component.
    - The department continued its work on development of its health incident management systems: provided support to RHAs on implementation of their disaster management programs; and continued to work with a variety of stakeholders to provide a coordinated and effective response to pandemic influenza.

**5(a) Administration**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 474.3 | 9.46 | 538.1 | (63.8) | |
| Other Expenditures | 318.7 | | 665.3 | (346.6) | |
| External Agencies | 5,060.4 | | 5,060.4 | - | |
| **Total Sub-Appropriation** | **5,853.4** | **9.46** | **6,263.8** | **(410.4)** | |

## Mental Health and Addictions

Mental Health and Addictions provides leadership, support and coordination to the mental health and addictions systems in Manitoba.

**The objectives were:**

- To develop strategies and policies for the mental health and addictions systems.

- To provide information, advice and recommendations that support effective planning and decision-making for the mental health and addictions systems across the continuum – from mental health promotion to tertiary care.
- To undertake ongoing environmental scans for the identification of emerging issues and best practices related to addictions and mental health.
- To undertake strategic planning for enhanced, meaningful involvement of consumers, family members, and other natural supports in individual services and in system planning.

**The expected and actual results for 2006/07 included:**

1. A departmental strategic plan is in place that identifies mental health as a priority.
   - Manitoba Health and Healthy Living has identified Mental Health and Addictions as one of its 13 strategic priorities.
   - As such many initiatives were undertaken in 2006/07 to enhance the mental health and addictions systems. In particular, a focus was placed on youth addictions services and the continued planning and implementation of the Selkirk Mental Health Centre (SMHC) Redevelopment.

2. Evidence-based policies for the health sector that reflects concerns of priority populations.
   - Several policies, frameworks and provincial strategies were developed including but not limited to:
     - The Co-occurring Mental Health and Substance Use Disorders policy was developed and put in place applicable to all Regional Health Authorities (RHAs) and other Health-funded mental health and addictions organizations;
     - A Suicide Prevention Framework was developed and finalized to guide the action plans to implement suicide prevention strategies throughout the province;
     - The development of a Provincial Drug Strategy is well underway and near completion; and,
     - The development of a provincial policy on suicide prevention has been initiated.

3. A plan for phase one of the redevelopment of SMHC.
   - The plan for phase one of the redevelopment of SMHC has occurred and construction is well underway with expected completion in the fall 2008. Training is occurring relevant to the new programming that will be offered in the new buildings particularly in the area of acquired brain injury. A provincial Program of Assertive Community Treatment team was funded and by March 2007 hiring for this program was well underway. This team will provide intensive services to 70 – 90 individuals with 35 – 40 of these being those ready for discharge from SMHC.

4. Improved integration of addictions and mental health services at both the service and policy level.
   - A provincial Co-occurring Mental Health and Substance Use Disorders Leadership Team meet on a regular basis to provide leadership to the Initiative across the province.
   - Regional Leadership Teams continue to meet to set priorities and implement activities regionally to improve integration of addictions and mental health services.
   - The Co-occurring Mental Health and Substance Use Disorders policy was developed and implemented including expectations of training, screening in both systems and the development of integrated treatment plans for individuals with both disorders.
   - Training in RHAs and other health funded agencies continued.

5. National, provincial and regional mental health data elements to support planning for a new mental health database.
   - Elements have been identified. Continued planning is required. This is a long-term project.

6. Recommendation developed reflecting best practices for the enhancement of eating disorders services in Manitoba.
   - The development of recommendations are well underway to address the need for community based intervention and treatment services for those living with eating disorders.

7. Strong working relationships with external stakeholders in the development of policy.

- Strong working relationships have been established and continue to be fostered with partners both in the addictions field and in mental health, provincially and nationally. Consumers, family members, service providers and representatives from self-help agencies, among others, are involved in a variety of committees being led by the Mental Health and Addictions Branch.
- The Branch also continues to organize regular meetings of three provincial networks to ensure a collaborative working relationship among stakeholders and the Branch and to provide advice and consultation for policy development and strategic direction. Three provincial networks are maintained and meet quarterly:
  - The Addictions agencies network;
  - The Mental Health Management Network; and
  - The Provincial Mental Health Advisory Council. The Branch also organizes a meeting with "other partners" on an annual basis.

8. The enhancement of health promotion and awareness activities related to problematic substance use and mental illness and mental health.
   - Manitoba Health and Healthy Living continues to fund and enhance programs that provide health promotion and awareness activities including the mental health self-help agencies, Teen Talk (Klinic), Addictions Foundation of Manitoba, and Resource Assistance for Youth.
   - Community forums were held across the province providing information to the public regarding prevention for crystal meth and other drugs, a brochure "Talking With Your Kids about Crystal Meth and other Drugs" was developed and distributed across the province and youth addictions services booklets providing information about getting help across the continuum of services were developed and distributed throughout the province. Promotions were undertaken to raise awareness of the new Youth Addictions Centralized Intake service implemented and funded in 2006/07.

**5(b) Mental Health and Addictions**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 939.5 | 7.00 | 1,026.3 | (86.8) | |
| Other Expenditures | 1,764.7 | | 2,077.4 * | (312.7) | |
| **Total Sub-Appropriation** | **2,704.2** | **7.00** | **3,103.7** | **(399.5)** | |

* includes enabling appropriation for Methamphetamine Strategy

## Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required legislated and non-legislated functions in order to protect and promote the improved mental health status of Manitobans.

### The objectives were:

- To carry out required legislated and non-legislated functions by administering *The Mental Health Act* and the Orders of Committeeship Program, providing professional consultation to the health care system, and promoting the recruitment and retention of psychiatrists, in order to protect and promote the improved mental health status of Manitobans.

### The expected and actual results for 2006/07 included:

1. Preservation of patients' rights under *The Mental Health Act*.
   - Continued to promote effective operation of *The Mental Health Act* and Regulations.
   - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
   - Consulted with the Manitoba Health and Healthy Living, Legislative Unit, and Manitoba Justice Civil Legal Services to assist in the proper interpretation and application of *The Mental Health Act* and Regulations.

2. Interpretation and application of *The Mental Health Act*.
   - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
   - Consistently implemented the Manitoba Health Policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services" setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.

3. Issuance of new Orders of Committeeship, Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
   - Processed 307 Certificates of Incapacity applying for Orders of Committeeship and issued 270 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
   - Cancelled 15 previous Orders of Committeeship.
   - Issued 52 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
   - Pursuant to the Order of Committeeship Policy, provided an interview by the Director of Psychiatric Services prior to the appointment of The Public Trustee as committee, to persons who submitted a letter of objection to the Notice of Intent to issue an Order of Committeeship.
   - Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.

4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
   - Four specialists in psychiatry who successfully completed their periods of enrollment in the Career Program in Psychiatry are currently fulfilling their return of service commitments in rural Manitoba, in Aboriginal Mental Health and in Psychogeriatric Psychiatry.
   - Psychiatric services have thereby been enhanced in Burntwood, Central, North Eastman, Parkland and Winnipeg Regional Health Authorities (RHAs).
   - One University of Manitoba resident in the specialty of psychiatry is actively participating in the Career Program in Psychiatry, accruing a return of service commitment in rural Manitoba.
   - Provided consultation and advice to several agencies regarding the recruitment and retention of psychiatrists in Manitoba.

5. Consultative liaison with RHAs.
   - Maintained relevant linkages and appropriate consultation with the RHAs regarding various aspects of the mental health system.
   - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy and the statutory implications of *The Mental Health Act* to clients, stakeholders and various sectors of the health system.

6. Orders of Committeeship Program and the regulated Forms under *The Mental Health Act* are tracked.
   - Continued data entry for the computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
   - Computer databases were operational for selected data analysis during the year.

**5(c) Chief Provincial Psychiatrist**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 361.8 | 2.40 | 273.9 | 87.9 | |
| Other Expenditures | 54.5 | | 66.2 | (11.7) | |
| **Total Sub-Appropriation** | **416.3** | **2.40** | **340.1** | **76.2** | |

# Aboriginal Health

Aboriginal Health is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community. Aboriginal Health acknowledges, supports and promotes the cultural diversity among the First Nation, Métis and Inuit populations in Manitoba, and works in collaboration with the Federal government, other branches within the department, other provincial departments, Regional Health Authorities (RHAs), Aboriginal political territorial organizations (PTO), and communities to meet that mandate.

**The objectives were:**

- To develop, implement, consult, monitor and analyze strategic health initiatives and programs to improve health outcomes for Aboriginal people.

**The expected and actual results for 2006/07 included:**

1. Culturally competent provincial programs, policies and strategies based on "best practices", standards and research.
   - Provided information to RHAs on First Nation, Métis and Non-Status health related issues such as the Aboriginal Strategy on HIV/AIDS.
   - Continued work with the First Nation Personal Care Home Networking Group in the provision of relevant information related to eligibility of provincial licensing on an interim basis and the Long Term Care Strategy.
   - Continued participation in various working groups that impact Aboriginal health issues on and off reserve. These include but are not limited to the Provincial and Aboriginal Suicide Prevention Committees, Northern Tuberculosis Working Group and the Traditional and Ceremonial Use of Tobacco Working Group.
   - Provided relevant information that impacts Aboriginal health issues to branches within the department.
   - Address rates of accidental and violent deaths in Aboriginal population: Aboriginal Issues Committee of Cabinet approved the establishment and mandate of the Aboriginal Sub-Committee for Suicide Prevention (Oct 2006). They will develop a work plan in collaboration with Provincial Committee on Suicide Prevention. Aboriginal Health Branch provides advice to the Public Health Unit on a number of topics including STI's, HIV AIDS. Aboriginal Health Branch sits on an advisory committee to a community based capacity building project for Aboriginal women – Aboriginal women responding to the Aids Crisis.

2. Improved accountability between Manitoba Health and Healthy Living and RHAs respecting the health of Aboriginal people in respective regions.
   - Reviewed health plans and progress reports submitted by the RHAs and provided feedback on initiatives related to the Performance Agreements: Aboriginal Deliverable and the Health Plan process.
   - With the Assembly of Manitoba Chiefs, jointly facilitated the second forum "Role of First Nation People with RHAs" in July 2005 where health service delivery issues impacting First Nations were addressed.
   - The RHAs and CancerCare Manitoba continue work towards meeting the Aboriginal Health Deliverables expected to result in the provision of culturally sensitive services such as culturally sensitive education for staff and improve Aboriginal levels of employment.

3. Improved working relationships and collaboration among Manitoba Health and Healthy Living, the federal government, Aboriginal groups, provinces/territories and other stakeholders.
   - Facilitated discussion with RHA representatives, Aboriginal organizations and PTO's to develop the draft Manitoba Blueprint on Aboriginal Health that provided a mechanism to address health needs based on distinct approaches for First Nation, Métis and Non-Status individuals.
   - Through continued work with the Intergovernmental Committee on First Nation Health (ICFNH) Working Group, the First Nation Primary Healthcare Strategy, Manitoba First Nations Health Human Resource Strategic Framework, and the Financial Analysis of the Current Health Care Expenditures for First Nations Health Care in Manitoba are in development.

- Worked in collaboration with Aboriginal organizations and communities, Advanced Education and Training, NorMan and Burntwood RHAs, and the University College of the North to establish the Aboriginal Midwifery Education Program.
- Aboriginal Health Branch is provincial lead for federal Aboriginal Health Transition Fund Adaptation Envelope which will result in a proposed plan of action to adopt the health system in Manitoba to better meet the needs of the Aboriginal population.

4. Increased linkage between the RHAs and Aboriginal Groups within their geographic area.
   - Facilitated forums and networking between First Nations and the RHAs regarding health and health related issues.
   - Facilitated meetings between RHA representatives and Aboriginal groups and provided information on the Aboriginal Health Transition Fund initiatives and strategies that impact on the health of Aboriginal people in Manitoba.
   - Provided feedback and information in the health planning process.
   - Winnipeg Regional Health Authority Review of Aboriginal Health Services.
   - Burntwood RHA developed an Aboriginal Health Human Resource Planning.
   - Brandon RHA notable for their Aboriginal Health Human Resource Planning.

5. Reduce the gap between the health of Aboriginal people and the rest of Manitobans.
   - Participated and contributed to the ICFNH Working Group involving internal and external working groups to ensure continued federal involvement and delivery of health programs/services occur for First Nations on and off reserve.
   - Worked in collaboration with other provincial departments and RHAs by sharing knowledge of policy changes that potentially impact on health delivery and access to services for Métis as well as First Nations (on and off reserve).
   - Initiated consultation with First Nation organizations to work collaboratively on a comprehensive strategy to deal with federal off-loading in relation to health.
   - The Aboriginal Health Transition Fund is intended to close the gap in health status by increasing access by adaptation of and participation by Aboriginal people in health programs. AICC directed Aboriginal Northern Affairs to address the gap in well-being; Aboriginal Health Branch reviewed existing initiatives and reviewed proposed initiatives within the department and RHAs.

6. Unplanned transfer of federal responsibilities to the Province.
   - Participated with ICFNH Working Group (internal and external working groups) for continued federal involvement and delivery of health programs/services for First Nations on and off reserve.

7. Enhanced relationships with Aboriginal communities, leadership, sub-groups, and organizations.
   - Facilitated meetings with Aboriginal organizations and leadership to plan on how to effectively respond to health needs and issues impacting their membership.
   - Provided relevant information to provincial departments and RHAs on First Nation, Non-Status, Métis and Inuit initiatives to assist in program and policy development.
   - Provided input on the *The Public Health Act* to include Aboriginal concerns.
   - Engaged with internal and external stakeholders on health and health related issues to address the determinants of health.
   - Following the November 2006 National Aboriginal Health Summit, Manitoba committed to host a National Health Summit in November 2007.
   - Manitoba Health continues to sit at the Partnership Table with Norway House Cree Nation and community on a federal project to integrate an approach to health care planning, administration and delivery.
   - Manitoba Health continues to sit with Federal and RHA partners on the Garden Hill and Norway House Dialysis Initiatives.

8. Improved support of Aboriginal self-government activities and initiatives within provincial mandates and priorities.
   - Continued participation in the First Nation Personal Care Home Networking Group meetings and provided advise on Manitoba Health and Healthy Living's position to support the establishment of

a mechanism that will oversee the licensing and monitoring of First Nation long term care facilities where applicable.

- Participated in discussions with First Nation community representatives to explore opportunities related to the transfer of health services and program at the community level.
- Manitoba Métis Federation has partnered with the Centre of Health Policy and Evaluation to identify Manitoba deliverables which Manitoba Métis Federation will work with Manitoba Health Administration data for future research analysis with MB Health.

**5(d) Aboriginal Health**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 299.2 | 4.00 | 264.7 | 34.5 | |
| Other Expenditures | 317.2 | | 253.9 | 63.3 | |
| **Total Sub-Appropriation** | **616.4** | **4.00** | **518.6** | **97.8** | |

## Public Health

The overall goal of Public Health is to provide coordinated and integrated public health leadership to the service and programs of public health at the regional and provincial level. These programs provide a focus for major areas of health promotion for the identification, prevention and control of diseases that affect populations. Public Health's efforts also aim to assist government, the community, and health and public health professionals in the planning and response to public health issues and emergencies.

**Public Health is composed of the following:**

**Provincial Public Health Office**
**Cadham Provincial Laboratory Services**

### The objectives were:

- To assess the health status of Manitobans.
- To prevent and control disease and promote the health of Manitobans.
- To detect, assess, and address important and emerging public health issues.
- To assure appropriate standards of public health practice in the monitoring, response and evaluation of health risks and issues.
- To advocate for the preservation and improvement of the health and the reduction of health disparities in health status of Manitobans.
- To assist individuals, families, communities, organizations and governments to improve, protect and promote the health of Manitobans.

### The expected and actual results for 2006/07 included:

1. Manitobans have improved health and decreased preventable diseases and injuries.
   - Rapid response to a number of outbreaks and emerging issues including: verotoxigenic E.Coli, invasive pneumoccocal disease, anthrax on farms, Lyme disease, West Nile virus, tuberculosis, and radon. In 2006, Cadham Provincial Laboratory participated in the investigation of 127 outbreaks of various diseases.
   - Extensive activity in planning and related community program funding to address the prevention of chronic diseases and healthy living. This is a long term strategy to effect change in the incidence of chronic diseases. The Chronic Disease Prevention Initiative (CDPI) is a community-led, evidence-based approach to the primary prevention of the major preventable chronic diseases in Manitoba. Currently in its second year, the CDPI is a five year initiative that emphasizes partnerships, capacity-building and integration with existing community programs and services. Fifty-six communities received funding for primary prevention action that aim to reduce three main risk factors – smoking, physical inactivity and unhealthy eating.

- A provincial CDPI forum was held on March 7 and 8 to bring together community representatives and regional partners to share activities and learnings.
- Improvements to public health infrastructure have occurred with the transfer of the Public Health Inspectors from Manitoba Conservation to Manitoba Health and Healthy Living. This allows for improved integration of inspections services with medical and other health responses to environmental issues.
- Continuing development and completion of a range of protocols for reportable diseases that assist health professionals in the community and health system with the appropriate management of these diseases has occurred.
- Transfer and consolidation of the Provincial Tuberculosis Control Program to Manitoba Health and Healthy Living with additional investments to address the incidence of this disease. The development of protocols to guide public health and clinical management of tuberculosis are underway. Development and restructuring of the roles and responsibilities, organization and processes supporting the provincial program are well-advance.
- Contribution of expertise to planning in the area of injury prevention.

2. Disparities of health status of Manitobans are reduced.
   - Diabetes and Chronic Diseases Unit, in partnership with the Aboriginal Health Branch and other organizations are focusing on renal disease prevention through the development of a portable model to reduce the risk factors and delay the progression of renal disease for Island Lake communities.
   - Participation has occurred in planning for the Aboriginal Adaptation Fund initiative and other initiatives pertaining to Aboriginal populations.
   - Contributions to the Federal/Provincial/Territorial (F/P/T) initiatives to address disparities through pan-Canadian healthy living strategies and through work on indicators are ongoing.
   - Collaboration occurs with Aboriginal communities and organizations where particular diseases are of high incidence.

3. Improved surveillance and analysis of public health threats.
   - Continuing improvements to the provincial surveillance system are ongoing to ensure accurate information on which to base public health decisions.
   - Activities are underway to build epidemiological capacity through recruitment and training of personnel.
   - Participation in the enhanced provincial surveillance information from the National Diabetes Surveillance System infrastructure which is used to guide program and policy development.
   - In response to the increase in chronic diseases Manitoba Health and Healthy Living is undertaking the development of a systems wide approach to better address chronic disease in all settings across Manitoba.
   - Weekly influenza surveillance reports are produced and disseminated.
   - Outbreak surveillance and epidemiological expertise are provided in specific outbreak situations. There were 144 outbreaks (many of a minor nature) for which Manitoba Health and Healthy Living provided support.
   - Participated in the national reporting of diseases data and enhanced surveillance initiatives for invasive pneumococcal, meningococcal and tuberculosis diseases.
   - Field Surveillance Officers are shared between Manitoba Health and Healthy Living and Health Canada for the coordination of vaccine preventable diseases surveillance and for sexually transmitted diseases.
   - Improvements to the provincial Tuberculosis Registry for operational functionality and for future infrastructure planning have been undertaken.

4. Up to date legislation to protect the health of the public.
   - *The Public Health Act* was passed in the legislature in June 2006. Review and development of key regulations are occurring.
   - Regulations for *The Drinking Water Safety Act* were passed.

5. Accurate health information to support policy, programs and activities.

- Produced and disseminated the 2002, 2003, and 2005 Manitoba Immunization reports. These reports support the programs in the Regional Health Authorities (RHAs) and First Nations and Inuit Health Branch of Health Canada.
- Conducted an educational session for physicians regarding immunization program changes.
- Provided materials on immunization in conjunction with National Immunization Week and at other times.
- Organized an education session in conjunction with the Canadian Immunization Conference held in Winnipeg in December 2006.
- Trained staff of RHAs on the use of the Manitoba Immunization Monitoring System.
- Completed a field trial of a diabetes management web-based computer application in a rural and urban primary health care clinic to facilitate chronic diseases data tracking. This work is undertaken in collaboration with the four Western provinces through the Western Health Information Collaborative.
- Conducted an extensive workshop for health professionals on tuberculosis and presented at other education sessions on this topic.
- Provided an updated framework for health professionals on HIV infection and conducted an orientation session for RHAs.
- Responded to numerous requests for consultation from the community related to infection control.

6. Effective and efficient public health programs and practices based on evidence.
   - Annual review and evaluation of the West Nile virus program completed.
   - Conducted an evaluation of the successful Review and Rate program, an awareness program for youth related to prevention of smoking.
   - Updated Manitoba Diabetes Care Recommendations were distributed to health care professionals to provide guidance for consistent evidence-informed practice.
   - Support is provided in the planning, implementation and evaluation of Regional Diabetes Programs (RDP) in all RHAs throughout Manitoba. An RDP Evaluation framework was finalized in April 2006.
   - The Risk Factor Assessment and Complication Assessment train-the-trainer program and tool kit provides consistent and comprehensive training and resources to diabetes health care team members (dieticians, nurses, physicians). Regions received funds to train primary care providers and deliver services to people living with diabetes and to those at risk of developing chronic disease.
   - A Manitoba Retinal Screening Vision Program is under development in the Burntwood and Nor-Man regions to create innovative northern and remote patient access to retinal specialist ophthalmology services. This is in conjunction with the federally funded Wait Time Initiative to prevent vision loss and blindness especially for those living with diabetes.
   - The Provincial Stroke Framework, also a federally funded Wait Time Initiative, will engage stakeholders in creating systems change for a coordinated, comprehensive and integrated approach to stroke prevention and care, which is evidence-based, in Manitoba.

7. Enhanced detection of infections and infectious agents in the laboratory setting.
   - Cadham Provincial Laboratory with input from other laboratories increased detection of Chlamydia infections by 9%, gonorrhea infections by 35% and MRSA cases by 29%.

8. Enhanced detection of fetal disorders.
   - Cadham Provincial Laboratory introduced routine 4 marker testing for fetal disorders raising the relative performance of the test by as much as 25%.

9. Enhanced public awareness of healthy living and chronic disease prevention.
   - Web site content is provided in this area.
   - Numerous fact sheets and information bulletins are produced to alert the public to health hazards and information on promotion of health.
   - Work occurs on a regular basis with Health Links to provide advice on health and health promotion to the public.
   - Media alerts, bulletins and releases are provided on an ongoing basis.

10. Complete preparedness plans for public health emergencies.
    - Avian Influenza response plan and response structure developed.
    - Business Continuity Planning for Medical Officers of Health and all areas of Public Health well underway.
    - Review of the After Hours on Call system for Public Health completed.
    - Extensive planning for Public Health Emergency preparedness, including for pandemic and avian influenzas, is ongoing.

11. Optimal coordination of inter-jurisdictional public health initiatives, issues, policies and outbreak response.
    - Review of the Interregional Public Health meetings to enhance effectiveness and assure appropriate representation is underway.
    - Review of the Public Health organizational structure at Manitoba Health and Healthy Living is near completion.

12. Productive collaborations created between Manitoba Health and Healthy Living, other government departments, the University of Manitoba, RHAs, and other organizations, for effective planning, teaching, training and research.
    - Further development of the Interdepartmental Zoonotic Diseases Steering Committee (includes Manitoba Health and Healthy Living, Manitoba Agriculture, Food and Rural Initiatives, Manitoba Conservation, Manitoba Labour and Immigration and the Canadian Food Inspection Agency).
    - The provincial West Nile Virus program continues to collaborate with a number of partners, including municipalities, Cities of Winnipeg and Brandon, University of Brandon and several government Departments.
    - The Chronic Disease Education Network was held on February 8 and 9, with attendance of over 350 educators, health professionals and providers.
    - Collaboration is ongoing with the Northern Healthy Foods Initiative of the Department of Aboriginal and Northern Affairs to address food education, availability of nutritious foods in northern and remote communities and reinstituting family vegetable gardening.
    - Participation in F/P/T committees and working groups, for example, the Council of Chief Medical Officers of Health, the Antiviral Working Group, the Pandemic Influenza Committee, the Non-Enteric Zoonotic Disease Working Group; the National West Nile Virus Advisory Committee, the Pest Management Advisory Committee, and several Committees connected to the F/P/T Public Health Network Council.
    - Teaching of medical students, community medicine and other sub-specialty medical trainees and other students occurs on an ongoing basis.

13. Application of public health research related to: public health threats, action-oriented public health research (health indicators and determinants, etiologic, prevention and outcomes research).
    - Annual review and evaluation of the West Nile virus program.
    - An information report describing the Weight Status of Manitoba Children is under development and will be used for policy and program development.
    - External funds of over $1.8 m have been successfully obtained by Public Health staff, in collaboration with other investigators, to conduct public health research.

**5(e)(1) Provincial Public Health Office**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 6,206.5 | 60.95 | 5,307.8 | 898.7 | |
| Other Expenditures | 6,165.0 | | 7,823.1 | (1,658.1) | |
| Vaccines | 14,068.1 | | 13,400.0 | 668.1 | |
| External Agencies | 392.7 | | 516.4 | (123.7) | |
| **Total Sub-Appropriation** | **26,832.3** | **60.95** | **27,047.3** | **(215.0)** | |

**5(e)(2) Cadham Provincial Laboratory Services**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 5,714.7 | 87.78 | 5,278.0 | 436.7 | |
| Other Expenditures | 4,958.2 | | 4,120.5 | 837.7 | 1 |
| **Total Sub-Appropriation** | **10,672.9** | **87.78** | **9,398.5** | **1,274.4** | |

*Explanation Number:*

1. Miscellaneous operating over-expenditures

## Selkirk Mental Health Centre

The Selkirk Mental Health Centre (SMHC) is a provincial mental health facility mandated to provide long term mental health inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met elsewhere in the health care system.

The SMHC has a formal agreement with the government of Nunavut to provide inpatient services to residents of Nunavut experiencing acute mental illness.

Patient services are available at SMHC in four specialized inpatient treatment programs:
1) Short Term Treatment and Rehabilitation Program (43 beds).
2) Psychosocial Rehabilitation Program (86 beds and eight community residence beds).
3) Extended Treatment and Rehabilitation Program (115 beds).
4) Forensic Rehabilitation Program (18 beds).

Treatment and rehabilitation services in all programs are provided by multi-discipline teams consisting of psychiatrists, general practitioners, psychologists, social workers, occupational therapists, activity instructors, nurses registered with their appropriate College, psychiatric nursing assistants, recreational therapists, pharmacists, the Chaplain, the Dietitian, the Aboriginal Elder and Aboriginal Friendship Workers. The SMHC receives support through volunteers assigned to specific patient program areas and needs.

### The objectives were:

The patients served by SMHC are those with challenging treatment and rehabilitation needs that cannot be met elsewhere in the health care system.

- Deliver quality, compassionate, respectful, and cost-effective inpatient mental health services with a patient-centred approach.
- Promote recovery through clinical excellence, cultural competence, community partnerships, and family involvement.

### The expected and actual results for 2006/07 included:

1. Provide patient-focused treatment that supports the goal of returning the patient back to a community setting.
   - Over the fiscal year 163 patients were successfully returned back to a community setting. Of those patients, 141 were from the Short Term Treatment and Rehabilitation Program, 12 from the Psychosocial Rehabilitation Program and 10 from the Extended Treatment and Rehabilitation Program. There were no discharges from the Forensic Rehabilitation Program.

2. Encourage patients and families to influence the direction of care being provided.
   - Patients in each of the three patient-care buildings meet monthly as a Patient Assembly to ask questions, express concerns and offer suggestions to Program staff representatives. Similarly, patients from all three patient-care buildings meet monthly as a Consumer Advisory Committee to offer advice to the Chief Executive Officer and other senior managers.

- Patients and families have an opportunity to register complaints, make suggestions, ask questions and offer commendations via 19 Suggestion Boxes placed around the facility. Anonymous contributions are accepted. On a monthly basis written responses from managers are provided through a Suggestion Tracker document which is posted on all bulletin boards.
- Family members are encouraged to be involved in patient-care planning through case-conference meetings and other communication with Program staff members.
- A Family Advisory Committee meets quarterly with the Chief Executive Officer to provide advice on the overall operation and future direction of the facility.

3. Employees are competent and able to provide patient care in accordance with standards and best practices.
   - The Canadian Council on Health Services Accreditation (CCHSA) undertook an on-site review of SMHC's performance as measured against national standards in September 2005. As a result of that review, SMHC was asked in November 2005 to demonstrate measurable progress in addressing a small number of specific concerns within the following 12 months. In December 2006, the CCHSA commended SMHC for addressing the identified concerns and conferred full accreditation status through to September 2008.
   - SMHC recruits and seeks to retain the most qualified and experienced people available to serve the SMHC patient population. SMHC works collaboratively with professional licensing bodies to ensure that its employees are meeting or exceeding professional standards within their respective disciplines.
   - SMHC offers a comprehensive Training and Development Service to ensure that employees of the Centre have the opportunity to stay current in their knowledge and skills. The priority Training and Development initiatives in 2006/07 were in the areas of Non-Violent Crisis Intervention, Suicide Prevention and Leadership Training.

4. Effectively manages resources to enable and support the delivery of quality patient care.
   - SMHC is a careful steward of its human and financial resources in support of quality patient care.
   - The SMHC has been allocated 410 staff years to deliver its programs and services but employs just over 500 persons when full-time, part-time, term and casual personnel are counted. Those employees are supported by clear and effective leadership at all levels of the organization, Training and Development initiatives to enhance their knowledge and skills and Workplace Safety and Health initiatives to keep them safe and well.
   - The SMHC manages its budget of $26.972M through a Cost Centre Management process which ensures effective, efficient and accountable financial stewardship.

**5(f) Selkirk Mental Health Centre**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 23,737.8 | 410.10 | 23,452.3 | 285.5 | |
| Other Expenditures | 3,957.3 | | 3,519.7 | 437.6 | |
| **Total Sub-Appropriation** | **27,695.1** | **410.10** | **26,972.0** | **723.1** | |

## Healthy Populations

Healthy Populations provides strategic direction, policy development and program planning aimed at improving the health outcomes for priority populations including women, children, families, persons with disabilities, seniors and their communities. In collaboration with other areas, health promotion, prevention, and early intervention activities are emphasized to further the goals of Manitoba Healthy Living in the six key areas of active living, healthy eating, sexuality, chronic disease prevention, injury prevention, and tobacco reduction.

**The objectives were:**

- To conduct ongoing environmental scans and to identify research, emerging issues, and best practices affecting priority and vulnerable populations as well as priority health promotion topics such as nutrition/healthy eating, physical activity and injury prevention.
- To provide strategic direction in policy development and program planning toward improving the health outcomes for priority populations including women, children, families, persons with disabilities, seniors and their communities, as well as emerging populations.
- To participate in the development of a provincial Healthy Living Strategy with particular attention to prevention and early intervention initiatives and strategies to ensure the inclusion and participation of men, women, children, seniors and persons with disabilities.
- To further the goals of Manitoba's Healthy Living Strategy in key areas: active living, healthy eating, healthy sexuality, chronic disease prevention, injury prevention, and reduction in the use of harmful substances.
- To participate in provincial and intergovernmental initiatives that emphasize the needs of priority populations (ex: Healthy Child Manitoba, Seniors' Safety, committees of the Disabilities Issues Office) and support their work.
- To support implementation of the recommendations of the Healthy Kids, Healthy Futures Task Force.

**The expected and actual results for 2006/07 included:**

1. Develop evidence-based policies, in keeping with the departmental strategic priorities, that reflect gender-based considerations and address the specific needs of children, seniors and persons with disabilities.
   - Undertook collaborative work, coordinated by the Disabilities Issues Office to further the Manitoba provincial strategy on disability, as outlined in ***Full Citizenship: A Manitoba Provincial Strategy on Disability (2001)***. This included participation in committees and working groups to addressing employment and employability, access to government information and services, disability supports, and First Nations issues.
   - A Women's Health Profile to identify useful indicators of women's and teen girls' health was contracted with the Prairie Women's Health Centre of Excellence. Funding to conduct the profile has been secured through a partnership with Manitoba Healthy Living, Women's Health Bureau, and Health Canada. The Women's Health Profile will describe health care utilization, health status and health outcomes for women in Manitoba by conducting a gender-based analysis of provincial and federal data for over 100 indicators of women's health. Health issues of Aboriginal women in Manitoba will also be investigated. The Profile is expected to be completed in the fall of 2007 and will be made available to Regional Health Authorities (RHAs) and departmental staff for health care planning purposes.

2. Contribute to a provincial Healthy Living Strategy that reflects gender-based considerations and addresses the needs of children, seniors and persons with disabilities.
   - 105 additional schools across the province registered as Healthy Schools in motion bringing the total to 425 schools that are working toward the goal of 30 minutes of physical activity for every student, every day.
   - 26 new communities registered as Communities in motion bringing the total to 59 communities in which community partners are working to creative supportive environments that encourage people to be more active.
   - Awarded 115 grants totalling $294,000 to help community partners plan and implement ways to increase physical activity among citizens of all ages.
   - A Library Walking Workout and Pedometer Loan was introduced and over 36 rural and northern libraries participated.
   - Released Kids in motion, a new educational resource that gives parents tips and ideas about how to get babies, toddlers and preschoolers active.
   - October was proclaimed I Love to Run Month in Manitoba. It is designed to help Grade 5 and 6 teachers and families promote moderate and vigorous physical activity.

- Provided leadership and coordination to develop an Injury Prevention Strategy in partnership with government departments, RHAs and other stakeholders to reduce leading causes of injury. Healthy Populations chairs the RHA Injury Prevention Deliverable Network to develop RHA frameworks and targets for injury reduction.
- In follow-up to recommendations of the Healthy Kids, Healthy Futures all-party task force, a number of injury prevention initiatives were developed to reduce children's injury. These included:
  - A Low Cost Bicycle Helmet program was developed to provide children in Manitoba schools and daycares with a low-cost bicycle helmet ranging in price from $10 to $13. Over 18,500 helmets were purchased in 2006. Additionally over 1200 helmets were provided at no cost to low income children and families;
  - A Safe Play Area on Farms grant program was developed to provide farm families with young children small grants of up to $500 to build a safe enclosed play space on their farm. Seventy farm families were approved for grants in 2006; and,
  - A Personal Flotation Device Loaner program for northern and remote communities was developed in partnership with the Coalition for Safer Waters. The program provides lifejackets to northern communities to provide on a loaner basis to residents while they are on the water. Additionally, residents are provided with drowning prevention information and training.

3. Contribute to health planning and estimates planning processes that reflect gender-based considerations and the needs of children, seniors and persons with disabilities, as well as the promotion of the healthy living agenda.
   - As part of the Reproductive Health Strategy, participated in the planning process for a new Reproductive Health Clinic operated by Women's Health Clinic and the Winnipeg Regional Health Authority that will provide a range of reproductive health services. The Reproductive Health Strategy is intended to enhance access to reproductive health promotion and reproductive health services including teen clinics, and reproductive health supplies.
   - Participated on an interdepartmental working group to review disability supports in Manitoba.

4. Ensure breastfeeding promotion and support processes and strategies are in place, including formal deliverables from RHAs.
   - Provided leadership to the Breastfeeding Strategy including chairing the RHA Breastfeeding Deliverable Network and supporting breastfeeding initiatives to increase breastfeeding initiation, duration and exclusive breastfeeding rates to six months in Manitoba.
   - Coordination of the Baby Friendly Manitoba Committee, which includes the RHAs as well as independent expert members. Activities included planning an annual Baby Friendly Initiative conference, telehealth Breastfeeding Clinical and Research education, development and distribution of breastfeeding resources and proclaiming Breastfeeding Week in Manitoba.

5. In partnership with Manitoba Education, Citizenship and Youth and Healthy Child Manitoba, develop the Healthy Schools initiative, including development of the Web site, implementation of targeted provincial campaigns, and development of resources for school communities that focus on physical activity, healthy eating, safety and injury prevention, substance use and addictions, sexual health, and mental health.
   - Manitoba Healthy Schools:
     - Provided funding to school divisions to facilitate their ability to work with RHAs and other local resources in developing and/or implementing Healthy School activities;
     - Ninety-five school divisions, RHAs and related sector representatives participated in a Healthy Schools Consultation to review the progress of Healthy Schools and to identify ways to strengthen the initiative;
     - 44% of schools participated in the Bike, Farm, and Water Safety Campaign in the spring of 2006 and 51% of schools participated in the Mental Wellness Campaign in the fall of 2006;
     - Supported the Healthy Living Challenge 2007, which is a game that encourages families to adopt healthier lifestyles, covering a range of health topics;
     - Distributed the 2005 Healthy Schools Evaluation report to participating schools;

- Launched the online Healthy Schools Contact Directory; and,
- Partnered with Manitoba in motion and distributed 90 Healthy Schools in motion Activation banners to schools and hosted a Healthy Schools in motion workshop.

- Released the Manitoba School Nutrition Handbook: Getting Started with Guidelines and Policies to assist schools with policy development and nutrition promotion. Educator workshops on "Bringing the Manitoba School Nutrition Handbook Alive" were held.
- Launched a Food in Schools Web site with additional information and tools on school nutrition topics.
- Established a toll-free school nutrition information and support line to assist schools with their nutrition promotion efforts.
- Supported a Healthy Vending demonstration project in eleven Manitoba schools, representing urban, rural and First Nation communities. The goal of the project is to determine the availability, acceptability and feasibility of providing healthier alternatives for sale in school vending machines.

6. Maintain Manitoba's active participation in the Pan Canadian Health Promoting Schools Consortium.
   - Manitoba Healthy Schools actively participates in the Pan Canadian Joint Consortium on School Health.
   - Manitoba Health and Healthy Living participated on the Management Committee overseeing this initiative.

7. Continue the phased-in development of the Children's Therapy Initiative with the health sector as a full participant.
   - Ten of the eleven RHAs worked with local school divisions, Family Services and Housing regional offices and related organizations to plan therapy services for children in their geographic area. The eleventh RHA began its work in this area toward a 2007/08 implementation.

8. Participate in strategies to address the needs of children, youth and adults with special needs due to sexual exploitation, Fetal Alcohol Spectrum Disorder, autism and other conditions.
   - Participated on an interdepartmental working group on FASD to develop a Provincial FASD Strategy. Recommendations to address gaps in services were prepared for consideration by departments.
   - Worked with interdepartmental partners to address the issue of sexual exploitation of vulnerable children. Resources have been produced to increase awareness for health and other professionals working with high-risk vulnerable children. Funding has been provided to develop training for front line workers to recognize at-risk children and youth and to intervene effectively with youth involved in the sex trade. Telehealth training on the health care needs of youth involved in the sex trade was provided to RHAs and allied health professionals.

9. Contribute to inter-departmental work in the disability area including the development of updated Guidelines on Access to Government (ex: government documents, Web sites, and services); planning and research on disability supports and services and supports for First Nations persons with disabilities.
   - Healthy Populations continues to work with the Disabilities Issues Office on these initiatives.

10. Participate in the development and/or management of Healthy Living strategies and initiatives such as the Interdepartmental Food and Nutrition Committee, Northern Healthy Foods Initiative, Diabetes and Chronic Disease Framework, and others.
    - Represented Manitoba Health and Healthy Living on the Northern Healthy Foods Initiative (NHFI) to address issues of access to food and healthy eating in the north. NHFI has supported gardening and greenhouse projects in multiple northern communities, along with an educational in-school germination program and a buyer-direct project.
    - Provided the provincial lead in working with non-governmental groups on the emerging concept of a Manitoba Food Charter to provide a vision of a just and sustainable food system in Manitoba.

11. Prepare research-based reports on obesity and the nutritional status of children and adults in Manitoba.
    - Analysis of data from the CCHS2.2 Nutrition survey proceeded toward the production of two reports: "Weight Status of Manitoba Children" and "Nutrition and Health Indicators in Manitoba Children." It is anticipated that these will be published early in the 2007/08 fiscal year.

12. Develop in motion strategies, on a phased-in basis, that target physical activities for children and youth, older adults and inactive adults in community settings such as schools, child care facilities, and workplaces.
    - Continue to develop these strategies.

13. Ensure injury prevention processes and strategies are in place including formal deliverables from RHAs.
    - Provided leadership and coordination with RHAs and other departments and stakeholders on an Injury Prevention Strategy and on regional injury prevention frameworks which include targets and activities to reduce leading causes of death and hospitalization.

14. Expand seniors' home safety and falls prevention initiatives, in partnership with Manitoba Justice, Manitoba Seniors and Healthy Aging Secretariat and community partners.
    - Continued expansion of the SafetyAid seniors' home safety and falls prevention program, in collaboration with Manitoba Justice, the Seniors and Healthy Aging Secretariat, Age and Opportunity Inc., and community partners. The SafetyAid program was expanded to the southwestern area of the province, including the Dauphin area. SafetyAid is also available in Winnipeg, Brandon, and Portage la Prairie. The program includes the SafetyAid van and team from Age and Opportunity Inc. who provide home safety and falls prevention audits, supplies, and installation of home safety devices for eligible seniors. The SafetyAid program completed 366 home safety and falls prevention audits, provided home safety and falls prevention supplies to 308 senior households, and completed over 100 community presentations and outreach events.
    - As part of the Wait List initiative, provided funding to the Misericordia Health Centre to develop a Falls Prevention and Vision Screening pilot project. The "Focus on Falls" initiative identifies seniors with vision problems and refers them for vision services. Improved vision has been proven to reduce falls in a senior aged population.
    - As part of the Wait list initiative, provided funding to Active Living Coalition for Older Adults Manitoba to coordinate a Falls Prevention Strategy and Network including the development of resources to prevent and reduce falls.

**5(g) Healthy Populations**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 549.1 | 7.00 | 519.7 | 29.4 | |
| Other Expenditures | 896.7 | | 840.4 | 56.3 | |
| **Total Sub-Appropriation** | **1,445.8** | **7.00** | **1,360.1** | **85.7** | |

## Northern Nursing Stations

**The objectives were:**

- To provide cost effective and quality healthcare to the communities of Chemawawin Cree Nation/Easterville, Grand Rapids First Nation/Town of Grand Rapids and Mosakahiken Cree Nation/Moose Lake, through the management of the community nursing stations.
- To transfer the nursing station health resources to local community health authority.

**The expected and actual results for 2006/07 included:**

1. Sufficient staffing and operating resources, and appropriate direction and coordination to enable nursing station staff to provide quality primary health care and public health services to the communities they serve.
   - Nursing Stations expenditures were within the printed operating and salary vote.
   - Primary health care and public health services were provided to the communities served by the provincial nursing stations.

2. Supported negotiation process between Manitoba Health and Healthy Living, Health Canada and The Swampy Cree Tribal Council that enables agreement to the transfer of northern nursing stations to local health authorities.
   - MB Health continued to participate in and support negotiations to transfer the three provincial northern nursing stations.
   - A steering Committee representing the Manitoba Health and Healthy Living; the First Nations Inuit Health Branch, Health Canada, and community leaders from Easterville/Chemawawin Cree Nation Moose Lake/Mosakahiken Cree Nation, and Grand Rapids/Misipawistik Cree Nation, agreed to a step-by-step process to achieve a final agreement for the transfer of the nursing stations by 2008 at a meeting held in February 2007.

**5(h) Northern Nursing Stations**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | FTE | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|---|
| Salaries and Employee Benefits | 1,345.3 | 16.37 | 1,240.8 | 104.5 | |
| Other Expenditures | 1,334.9 | | 1,514.4 | (179.5) | |
| **Total Sub-Appropriation** | **2,680.2** | **16.37** | **2,755.2** | **(75.0)** | |

# Health Services Insurance Fund

The Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long term care, home care, community and mental health and emergency response and transportation services. The Fund also provides direct payments to providers of insured services, and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and the Pharmacare Program.

## Funding to Health Authorities

- Acute Care Services
- Long Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Response and Transport Services

**The objectives were:**

- To allocate funds to Regional Health Authorities (RHAs) to manage and provide facility and community-based health services across the health care continuum.
- To design a service delivery system that responsively, efficiently, and effectively meets the needs of the various Regions.
- To provide appropriate health services, based on community health assessments, provincial and local objectives, and available resources.
- To ensure compliance with provincial standards of core health services.
- To ensure fiscal and program accountability.

**The expected and actual results for 2006/07 included:**

1. Funding will provide for the efficient, effective, and appropriate delivery of core health services in Manitoba under the management of the RHAs including: acute, long-term care, emergency response and transportation, including Northern Patient Transportation Program, mental health, home care, public health, primary care and other community-based health services.
   - New Ultrasound installed at Bethesda Hospital in Steinbach.
   - 1000 more hip and knee surgeries performed which doubled the 2005/2006 targets.
   - New provincial Oncology Drug program established.
   - New Linear accelerator and treatment vault opened at CancerCare Manitoba.
   - Construction completed to the Ann Thomas and Emergency Room renovated at Pinawa Hospital.
   - ACCESS Transcona opened. This new primary health-care centre integrates community-based healthcare and social services to best reflect the needs of the community.
   - The Minor Injury Clinic for Kids opened at the Pan Am Clinic.
   - L'Unite Marguerite, a new wing at Foyer Valade designed for francophone residents living with Alzheimer's disease or dementia opened.
   - The Reproductive Health Centre was officially opened providing enhanced access to services.

2. Regular financial and statistical reporting, as defined by Manitoba Health and Healthy Living, will be received and provided by the RHAs.
   - RHAs and CancerCare Manitoba participated in enhancements made to mechanisms for submitting wait time information to the department.
   - The department received RHA and CancerCare Manitoba Annual Health Plans and collaboratively reviewed the plans to ensure plans focus on initiatives/actions to successfully meet the needs of the community and include appropriate resource allocations with evidence-based justifications.

3. To design a service delivery system that responsively, efficiently and effectively meets the needs of the various Regions.
   - Funded specialized equipment requests for healthcare settings made by the RHAs and CancerCare Manitoba on an emergent basis.
   - Funded diagnostic/imaging equipment requests made by the RHAs and CancerCare Manitoba based on the prioritization process developed by the Provincial Imaging Advisory Committee.

4. Appropriate health services based on community health needs assessments, provincial and local objectives, and available resources.
   - RHAs and CancerCare Manitoba submitted Annual Health Plans and ensured plans focused on initiatives/actions to successfully meet the needs of their community, the department received and reviewed the plans collaboratively to ensure the plans included appropriate resource allocations with evidence-based justifications.
   - The Manitoba Patient Access Network was established in June 2006 to collaborate with and provide advice to the Ministry on wait time and system access issues, the development and implementation of a province-wide strategy for improved patient access, surgical and diagnostic scheduling and improved operating room efficiency and utilization, communicating with the public and other key stakeholders on wait times, implementation of initiatives funded through the Wait Time Reduction Strategy, and related strategies to improve access to health care in Manitoba.
   - RHAs participated with Manitoba Health and Healthy Living in Wait Time Task Force Working groups that address service capacity and utilization in high demand areas, resulting in collaborative ventures such as: Brandon and Assiniboine RHAs sharing resources for arthroscopies; rehab program for Brandon arthroplasty patients provided in the Assiniboine RHA.; the expansion of services for Manitoba's head and neck oncology program through the collaboration of the Winnipeg Regional Health Authority (WRHA) and CancerCare Manitoba.

5. Quality of services provided in the various Regions will be monitored.
   - RHAs Amendment and *Manitoba Evidence Amendment Act* Proclaimed. RHAs and CancerCare Manitoba established policies and procedures in order to meet legislative requirements for the reporting and management of Critical Incidents.
   - Monthly monitoring was enhanced by Health Information Management to monitor series of indicators of health system performance, primarily focusing on patient access and health services.

6. Compliance with provincial standards of core health services.
   - RHAs participated and complied with monitoring and licensing of their respective personal care homes across the province, and followed-up with action plans to ensure that all standards are met over time.

7. Fiscal and program accountability.
   - RHAs and CancerCare Manitoba collaborate in the development of and the reporting to the department of Performance Deliverables submitted and signed off between Manitoba Health and Healthy Living and the Boards of the RHAs and CancerCare Manitoba.
   - RHAs and CancerCare Manitoba submitted Annual Health Plans and ensured plans focused on initiatives/actions to successfully meet the needs of their community, the department received and reviewed the plans collaboratively to ensure the plans included appropriate resource allocations with evidence-based justifications.

**6(a) Funding to Health Authorities**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Other Expenditures | | | | |
| Acute Care Services | 1,537,510.2 | 1,514,571.2 * | 22,939.0 | 1 |
| Long Term Care Services | 463,459.6 | 453,887.7 | 9,571.9 | 2 |
| Home Care Services | 232,538.9 | 237,796.2 | (5,257.3) | 2 |
| Community and Mental Health Services | 171,589.7 | 164,001.6 | 7,588.1 | 2 |
| Emergency Response and Transport Services | 37,333.0 | 31,550.9 | 5,782.1 | 3 |
| Third Party Recoveries | (7,569.0) | (7,960.1) | 391.1 | |
| Reciprocal Recoveries | (44,934.6) | (35,012.2) | (9,922.4) | 4 |
| Recoverable from Urban Development Initiative | (2,000.0) | (2,000.0) | 0.0 | |
| **Total Sub-Appropriation** | **2,387,927.8** | **2,356,835.3** | **31,092.5** | |

* includes enabling appropriation for Wait Time Initiatives

*Explanation Number:*

1. Primarily due to price and volume increases, Provincial Oncology Drug Program, and Wait List Initiatives, offset by a net distribution of the 2006/07 funding within 21-6A and under expenditures in Construction Programming - Operating and Interest.
2. Primarily due to a net-redistribution of the 2006/07 funding within 21-6A
3. Primarily due to a net-redistribution of the 2006/07 funding within 21-6A, and interfacility transport costs.
4. Primarily due to price and volume increases in in-patient days, day surgery and out-patient claims.

# Provincial Health Services

**Provincial Health Services is composed of the following:**

## Hospital – Out of Province

**The objectives were:**

- To provide payment for insured hospital services required by residents of Manitoba while they are temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

**The expected and actual results for 2006/07 included:**

1. The requirement of portability of benefits under *The Canada Health Act* is fulfilled through Inter-provincial reciprocal billing arrangements.
   - The requirement of portability of benefits under *The Canada Health Act* was fulfilled.

## Blood Transfusion Services

**The objectives were:**

- To provide funding for Manitoba's share of the operating cost of the Canadian Blood Services which is responsible for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To provide funding for unique to Manitoba transfusion related laboratory testing services by Canadian Blood Services.
- To ensure funding and distribution of adequate, safe and affordable fractionated and/or blood derivative products to Manitoba facilities, physicians and patients.
- To provide funding for Manitoba's commitment to the Multi Provincial Territorial Assistance Plan (MPTAP) for financial compensation of Manitobans living with HIV as a result of contact with the blood supply.

**The expected and actual results for 2006/07 included:**

1. Timely delivery of safe, reliable and affordable quality blood products and services to Regional Health Authorities, facilities and physicians.
   - PBPCO continues to work with Canadian Blood Services and other Provinces/Territories to ensure the continued availability of high quality blood and blood products in a cost conscious manner.

2. Timely and accurate provision of financial assistance to Manitobans eligible for MPTAP.
   - PBPCO provided timely and accurate information to Manitobans eligible for MPTAP.

3. Timely and accurate response to inquiries regarding Blood Programs.
   - PBPCO provided timely and accurate information to external and internal stakeholders.

## Federal Hospitals

**The objectives were:**

- To provide funding for services in two federal hospitals and 18 federal nursing stations.

**The expected and actual results for 2006/07 included:**

1. Two federal hospitals and 18 federal nursing stations are funded for services provided.
   - Funding for service provision was provided.

### Prosthetic and Orthotic Devices

**The objectives were:**

- To provide funding assistance to persons of all ages who have physical disabilities and require devices in order to improve their ability to function, as prescribed under *The Health Services Insurance Act*.

**The expected and actual results for 2006/07 included:**

1. Financial assistance provided to eligible Manitobans requiring assistive devices.
   - Financial assistance totalling $8.6 million was provided to Manitobans requiring Assistive Devices.

### Healthy Communities Development

**The objectives were:**

- To reallocate health care system resources to equal or more appropriate and less costly alternatives, and bridge the transitions on a one-time basis through the Healthy Communities Development Fund.

**The expected and actual results for 2006/07 included:**

1. Development of a more effective and less costly health care system through funding of initiatives undertaken in the Healthy Communities Development Fund.
   - Invested in a number of initiatives designed to promote good health and prevention chronic diseases and injury. Specific examples included the implementation of the provincial physical activity strategy Manitoba in motion; public education campaigns targeted to injury prevention among children and youth in the areas of bicycle safety, water safety and safe play areas on farms; and the funding of the Chronic Disease Prevention Initiative.

### Nursing Recruitment and Retention Initiative

**The objectives were:**

- To attract and retain Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses to Manitoba.

**The expected and actual results for 2006/07 included:**

1. Improved supply of nurses in Manitoba, and increased interest in Nursing as a profession.
   - As of December 2006, there were 15,681 active practicing nursing in Manitoba. Since 1999, there has been an increase of 1,589 nurses practicing in Manitoba (1,019 more RNs and 597 LPNs).
   - The extended practice regulation came into effect in 2005. As of 2006/07 there were 32 registered nurses on the extended practice register.
   - The total enrolment in nursing education programs have more than doubled between 1999 and 2006/07. As reported in November 2006, there were 2,880 students enrolled for the 2006/07 academic year compared to 1,210 students enrolled in 1999/00.
   - The number of graduating nurses (registered nurses, registered psychiatric nurses and licensed practical nurses) increased to 616 for 2006 from 254 graduates in 1999.

**6(b) Provincial Health Services**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Other Expenditures | | | | |
| Out-of-Province | 32,067.4 | 28,511.4 | 3,556.0 | 1 |
| Blood Transfusion Services | 49,343.0 | 49,004.6 | 338.4 | |
| Federal Hospitals | 1,261.8 | 2,168.5 | (906.7) | |
| Prosthetic and Orthotic Devices | 8,565.8 | 8,530.4 | 35.4 | |
| Healthy Communities Development | 6,338.1 | 6,591.7 | (253.6) | |
| Nursing Recruitment and Retention Initiatives | 1,733.7 | 1,700.0 | 33.7 | |
| **Total Sub-Appropriation** | **99,309.8** | **96,506.6** | **2,803.2** | |

*Explanation Number:*

1. Primarily due to price and volume increases in in-patient claims.

## Medical

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a Schedule of Benefits, which reflects agreements negotiated between Manitoba Health and Healthy Living and the various professional associations.

### The objectives were:

- To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba.

### The expected and actual results for 2006/07 included:

1. That 13 million claims for approximately 20 million services will be processed and paid to medical practitioners, optometrists, chiropractors and dental surgeons.
   - 10.6.million claims for approximately 19 million services were processed and paid to medical practitioners, optometrists, chiropractors ,registered nurse extended practice and dental surgeons
   - 19 million physician services, 177,350 optometric services, 912,811 chiropractic services and 4,215 oral surgeon services and 19,174 registered nurse extended practice services were paid.

**6(c) Medical**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Other Expenditures | | | | |
| Physician Services | 700,427.4 | 700,442.2 * | (14.8) | |
| Other Professionals | 14,810.1 | 14,578.3 | 231.8 | |
| Out of Province Physicians | 22,283.4 | 19,299.8 | 2,983.6 | 1 |
| Other | 11,237.0 | 11,908.9 | (671.9) | |
| Third Party Recoveries | (5,206.0) | (5,273.5) | 67.5 | |
| Reciprocal Recoveries | (11,231.7) | (10,447.7) | (784.0) | |
| **Total Sub-Appropriation** | **732,320.2** | **730,508.0** | **1,812.2** | |

* includes enabling appropriation for Wait Time Initiatives

*Explanation Number:*

1. Primarily due to price and volume increases in reciprocal claims.

# Pharmacare

Pharmacare is an income based drug benefit program which helps protect Manitobans from high drug costs and provides 100% financial assistance for eligible prescription drugs once a preset deductible is met. Pharmacare has no enrollment fees, maximum benefit payments, co-payments, premiums or age restrictions.

For 2006/07 the Pharmacare deductible rates were as follows: 2.56% for families with total adjusted income up to $15,000 (minimum of $100 deductible is applicable), 3.83% for families with total adjusted income greater than $15,000 and less than or equal to $40,000, 4.41% for families with total adjusted income greater than $40,000 and less than or equal to $75,000 and 5.51% for families with total adjusted income greater than $75,000. Total family income is reduced by an adjustment of $3,000 for spouse and for each dependent less than 18 years of age, where applicable.

## Operations Unit – Provincial Drug Programs

The Operations Unit is responsible for:

- consistent focused customer service with a staff of 33.5 people who provide current information to the public - either by phone, fax, internet or mail.
- advising Manitobans of the benefits to which they are entitled through forwarding correspondence to over 160,000 families to provide current information regarding Pharmacare benefit status.
- providing Pharmacare applications to all pharmacies in Manitoba and individuals requesting information.
- continuous evaluation of work processes to improve effectiveness and efficiency of the program.

### The objectives were:

- Implement an improved electronic transfer process with Revenue Canada for verifying incomes during the processing of Pharmacare applications for benefit coverage.

### The expected and actual results for 2006/07 included:

1. Provide reimbursement to beneficiaries and pharmacies for eligible prescription expenses covered under the program.
   - The Drug Programs Information Network provides electronic adjudication of drug claims at the time of dispensing for beneficiaries enrolled in Pharmacare. Where beneficiaries have met their Pharmacare deductible, reimbursement is delivered directly to pharmacies. A manual adjudication process is available for beneficiaries who chose to apply after their medication was received.
   - Increased efficiencies in the Exception Drug Status Office were seen by transitioning from Visual Basic to Web based screens.

2. To fund pharmaceutical benefits as may be prescribed, subject to *The Prescription Drugs Cost Assistance Act* and Regulations thereto, in order to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.
   - The Operations Unit has completed the Memorandum of Understanding with the Canada Revenue Agency to improve the electronic transfer process used to verify incomes to facilitate the processing of Pharmacare applications.

**6(d) Pharmacare**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Other Expenditures | 213,740.6 | 212,695.3 | 1,045.3 | |
| **Total Sub-Appropriation** | **213,740.6** | **212,695.3** | **1,045.3** | |

# Addictions Foundation of Manitoba

The Addictions Foundation of Manitoba (AFM), among other service providers and along with the Department of Health and Healthy Living, represents initiatives under one of the seven pillars of the Manitoba Health and Healthy Living mandate, to reduce substance abuse through addictions strategies. AFM contributes to the health and wellbeing of Manitobans by addressing the harm associated with addictions through education, prevention, rehabilitation and research.

The Foundation's expenditures are contained in a separate Annual Report.

**Addictions Foundation of Manitoba is composed of the following:**

## Program Delivery (Alcohol and Other Drug Services)

### The objectives were:

- To provide a range of programs and services in the Province of Manitoba, to reduce the harm associated with alcohol, tobacco and other drug misuse.

### The expected and actual results for 2006/07 included:

1. Reduced involvement or harm with alcohol, and other drugs.

AFM Western Region

- Over 1,100 individuals were seen in adult treatment programs for alcohol and other drug problems. Of these, 492 received community based counseling and 389 participated in Residential Treatment.
- There were 282 youth who received a variety of services, including school-based, community-based and youth justice programs.
- The Western Region Methadone program (Opiate Dependency and Addictions Clinic) served 20 clients.

Thompson

- The residential rehabilitation program has functioned at an 86% occupancy rate with clients served from all communities in Northern Manitoba; and,
- The half-way house at Polaris Place has provided 37 clients with extended care and a sober environment in which to rebuild their lives.

Youth Outreach; Winnipeg and Northern Regions

- Close to 100 youth have already received service, with many referred to community based and residential supports.

2. Improved physical/psychological health.

Co-occurring Disorders Initiative (CODI)

- All clients attending AFM for an Intake Assessment appointment are screened for a co-occurring mental health disorder. An evaluative assessment of the mental health screener was completed in 2006. The assessment concluded that the vast majority of clients are being screened and the number of clients who screened positive for a health problem is at the expected level (just over 50%).

AFM Western Region

- Residential programs stress the development of healthy life skills including setting boundaries, appropriate nutrition and healthy ways to deal with stress and other psychological issues.

AFM Brandon

- Comprehensive, Continuous Integrated Care for Clients with Co-occurring Mental Health and Addictions issues served more than 40 clients.

Winnipeg

- A Women's Day Program was piloted at AFM's Christie Centre. Data gathered from the women who have attended indicates that a significant number of women have co-occurring disorders.

3. Improved family and/or social functioning.
   - The Family Program provided education and counseling to 411 individuals throughout Manitoba.
   - Twenty-seven children from high risk environments participated in the one week "Kidz Kamp", offered as a primary prevention tool, focused on learning the language of emotions and sharing circles. Adult clients have been offered bi-weekly "Sharing Circles" in a cultural modality, focusing on healing and recovery.

4. Improved employment and/or vocational/educational functioning.
   - Thirty-seven half-way house clients have been afforded counseling and support to re enter the work force while living in a supported sober community post rehab.
   - The Compass Youth Residential Program received approval from Manitoba Education and Training to allow clients to receive official credit for school work completed during their stay at Compass.

5. Reduced involvement with criminal justice system.
   - The Brandon AFM Youth Justice worker has provided counseling to 39 new clients while maintaining a caseload of approximately 30 youth.
   - We have also provided assessment and treatment services to Brandon Correctional Centre (BCC) inmates and support to BCC methadone clients.
   - 809 adults were referred to Intake Assessment by the Justice system and 241 youth were referred.
   - The number of individuals assessed by Impaired Driver Program's staff province wide during 2006/07 was 1,581.
   - Methadone Intervention Needle Exchange (mine) Program: outcome studies have demonstrated a significant reduction in involvement with the criminal justice system for those who clients who have participated.

6. Improved competencies at the community level, for taking action in addressing and/or preventing alcohol and other drug problems.
   - A Student Assistance Program workshop was held for school staff in the Parklands Area.
   - On site counseling and support to the Thompson Homeless Shelter, has resulted in the adoption of immediate entrance protocol, to residential rehabilitation, for those wishing to go into programming, health assessments and medical detoxification are available as needed.

7. Improved community health through the prevention, reduction, and/or elimination of alcohol and other drug problems.
   - A regional Fetal Alcohol Spectrum Disorder (FASD) coalition to address; education, prevention and access to services issues surrounding needs of clients and families challenged by FASD was developed in the Northern Region and the advancement of the Co occurring Disorders regional team, addressing collaborative case management of clients in quadrant four, is being formalized.
   - The Adult Education Services at AFM delivered a total of 94 standardized courses to a wide audience of professionals and para-professionals working in the addictions field. AFM staff were involved in 1,971prevention education events that were attended by 61,149 individuals for an average of 33 participants per activity.

8. Enhanced knowledge and understanding of the prevalence, risks, affects of alcohol, and other drug abuse.
   - The AFM conducted a prevalence and readiness for change survey with all Brandon High School Students in partnership with the Brandon Drug and Alcohol Education Coalition. AFM prevention staff shared the results of this survey and the student's interpretation in a public forum.

- Many parent awareness meetings were also held throughout the AFM's Western Region where parents were given information to help them identify drugs, recognize use, and refer users to appropriate rehabilitation services.
- Prevent Alcohol and Related Trauma in Youth mock disasters involving impaired driving were held for students of the Dauphin, Ste. Rose, and Rorketon High Schools.
- The Brandon Methadone Program provided information sessions on opiates and methadone programs to physicians, nurses, other medical staff and pharmacists throughout the Westman Region.
- AFM staff facilitated a number of workshops targeted at assisting allied professionals to understand the prevalence, risk and affect of this drug. The four trainer of trainer sessions were delivered to 56 participants, ten of whom delivered a further 40 Methamphetamine presentations that reached 288 students and 301community members and professionals.
- AFM conducted 865 public awareness workshops; 41 media inquiries were answered and staff attended 49 display booths at various events, targeted to increase the understanding of the general public, media and professionals on current issues in the area of addictions.

9. Improved skill in the identification, recognition, intervention, rehabilitation, and referral of individuals experiencing problems with alcohol and other drugs.
   - Prevention Education Consultants continued to take the lead in working with community partners through training, policy and material development for health care and social service professionals and community partners throughout the province.
   - Presentations have been given to Assiniboine Community College students of the Health Care Aide Program in identification of substances, recognition of use and referral of users.
   - Identification, Recognition and referral training was given to, among others, nursing aide students, University of Manitoba medical students, parents and the interfaith ministerial group in the Parkland RHA.
   - In the Western Region, AFM staff developed new residential and aftercare resources and program that would support individuals experiencing job related stress/Post Traumatic Stress and Substance Use Disorders.
   - The establishment of the Street Involved Youth Outreach program through the Ma-Mow-We-Tak Friendship Centre's "Circle of Youth" in Thompson, Manitoba, provided AFM with access to a group of "at risk" youth, without ties to existing agencies.
   - AFM hosted a two-day workshop featuring Dr. Lisa Najavits from Harvard University on the topic of Post Traumatic Stress (PTSD) and Addictions, which was well attended by community partners, and focused on the growing issue of PTSD in addictions counseling.

## Problem Gambling Services

### The objectives were:

- To provide a range of programs and services for individuals and communities, to reduce the harm associated with gambling, including problem gambling awareness, prevention, intervention, and treatment for gamblers and their families.

### The expected and actual results for 2006/07 included:

1. Reduced involvement or harm with gambling.
   - The provision of assessment, counseling and when required residential treatment for problem gamblers has resulted in an increase in clients addressing their concerns around gambling issues across the Northern Region.
   - AFM residential gambling clients report significantly reduced legal issues at 12 months after program. Clients of the Parkwood Residential Gambling Program are reporting reduced employer concern for their gambling at 3 and 6 months after program completion.

2. Increased community awareness of gambling issues, in order to improve competencies at the community level for taking action in addressing, and/or preventing gambling related problems.

- A player information booklet "How Much Do You Know About The Games You Play" was developed and distributed to all retail ticket outlets in the province in an effort to inform customers about lottery games.
- The establishment of a Gambler's Anonymous group in the Northern Region has added daily support to those experiencing gambling issues.

3. Increased skills of professionals/para-professionals in identifying individuals requiring help, and referring them to the appropriate resource.
   - An agreement between AFM and Klinic resulted in Klinic staff being trained to respond to callers on the Problem Gambling Helpline. Calls for help received after 4:30 and on weekends are now handled by specially trained Klinic counselors. AFM trained the Klinic staff and reimburses that agency for the service.

4. Increased knowledge on the risks of gambling for adolescents throughout the Province, to assist them in making better decisions.
   - AFM partnered with Manitoba Lotteries Corporation to bring "Know the Score" to three Manitoba universities.
   - The Keeping Your Shirt On, Keeping Your Spirit Strong, gambling prevention and education program was offered in high schools throughout the Province.

5. Increased knowledge through population surveys of the incidence of problem gambling in the Province, generally and in select populations.
   - The Adult Gambling Prevalence Survey was completed during 2006/07.

**7 Addictions Foundation of Manitoba**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Other Expenditures | | | | |
| Program Delivery | **15,339.0** | 15,079.1 | 259.9 | |
| Problem Gambling Services | **1,918.6** | 1,918.6 | - | |
| Third Party Recoveries | **(1,599.1)** | (1,599.1) | - | |
| Recoveries from Manitoba Lotteries Corporation | **(1,918.6)** | (1,918.6) | - | |
| **Total Sub-Appropriation** | **13,739.9** | **13,480.0** | **259.9** | |

# Capital Funding

Provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, and other capital expenditures.

### Principal Repayments

### The objectives were:

- Principal repayment of long-term debt supporting capital and equipment approved expenditures.

### The expected and actual results for 2006/07 included:

1. Increase to long-term debt as construction projects are completed.
   - Principal repayment on long-term debt totalled $51,205.2, an increase of $7.8 million from last year.

2. Decrease to long-term debt as approved borrowings are fully repaid.
   - Long-term debt increased by $109,278.1 as the result of completion of construction projects.

3. To provide funding to the Regional Health Authority (RHA) for principal repayment on approved borrowing.
   - Long-term debt decreased through the provision of principal debt repayment by $51,205.2 funded through Health appropriations and $18,450.9 funded by the Department of Finance for Third Party debt for a total decrease to long term debt of $69,656.1.

**8(a) Principal Repayments**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Acute Care | 38,602.6 | 40,341.9 | (1,739.3) | |
| Long Term Care | 11,141.6 | 12,182.3 | (1,040.7) | |
| Community and Mental Health Services | 1,476.8 | 1,027.6 | 449.2 | |
| **Total Sub-Appropriation** | **51,221.0** | **53,551.8** | **(2,330.8)** | |

## Equipment Purchases and Replacements

### The objectives were:

- Acquisition of specialized and basic equipment to support critical care, surgical, medical, diagnostic services, and community programs.

### The expected and actual results for 2006/07 included:

1. To provide timely funding to RHAs and CancerCare Manitoba for outright cash expenditures for medical equipment supported by appropriate review, sign off and documentation.
   - Actual expenditures for the acquisition of specialized and basic equipment totalled $36,945.1.

**8(b) Equipment Purchases and Replacements**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Acute Care | 35,822.5 | 35,263.6 * | 558.9 | |
| Long Term Care | 1,122.6 | 1,122.6 | - | |
| **Total Sub-Appropriation** | **36,945.1** | **36,386.2** | **558.9** | |

* includes enabling appropriation for Wait Time Initiatives

## Other Capital

### The objectives were:

- To provide timely funding to RHAs and CancerCare Manitoba for outright cash expenditures for major capital projects, safety and security projects and information technology projects in accordance with policy parameters.

### The expected and actual results for 2006/07 included:

1. Acquisition, construction, and renovation of physical assets to support the infrastructure of the health care system.
   - Actual expenditures for other capital totalled $6,556.7.

**8(c) Other Capital**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Acute Care | 3,259.3 | 3,738.2 | (478.9) | |
| Long Term Care | 2,447.6 | 1,100.0 | 1,347.6 | 1 |
| Community and Mental Health Services | - | 150.0 | (150.0) | |
| **Total Sub-Appropriation** | **5,706.9** | **4,988.2** | **718.7** | |

*Explanation Number:*

1. Primarily due to increase in number of projects.

# Costs Related to Capital Assets

Provides for the amortization of capital assets, and for interest expense related to capital investment borrowing.

### The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

### The expected and actual results for 2006/07 included:

1. The payment of interest expense on capital investment borrowing.
   - Write-off to expenses the cost of assets over the economic useful life of the asset was done in accordance with pre-established Timelines.

2. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
   - The interest expenses related to capital investment borrowing was paid in accordance with pre-established timelines.

**9 Costs Related to Capital Assets**

| Expenditures by Sub-Appropriation | Actual 2006/07 $(000's) | Estimate 2006/07 $(000's) | Variance Over(Under) $(000's) | Expl. No. |
|---|---|---|---|---|
| Desktop Services | 424.4 | 425.4 | (1.0) | |
| Amortization Expense | 2,737.8 | 2,734.4 | 3.4 | |
| Interest Expense | 1,031.4 | 1,204.7 | (173.3) | |
| **Total Sub-Appropriation** | **4,193.6** | **4,364.5** | **(170.9)** | |

## Financial Report Summary Information Part 1

# Manitoba Health and Healthy Living
**Reconciliation Statement**
**April 1, 2006 – March 31, 2007**

| DETAILS | 2006/07 ESTIMATES ($000s) |
|---|---|
| 2006/07 Main Estimates: | 3,606,900.8 (1) |
| Allocation of Funds from: Enabling Appropriations | 31,555.0 |
| **2006/07 Estimates:** | **3,638,455.8** |

(1) *Although included in the above Estimate, details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.*

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2007

| Estimate 2006/07 $(000s) | | Appropriation | Actual [1] 2006/07 $(000s) | Actual [2] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-1** | **Administration, Finance and Accountability** | | | | |
| 60.8 | 21-1a | Ministers' Salaries | 60.5 | 59.4 | 1.1 | |
| | 21-1b | Executive Support | | | | |
| 1,104.0 | | 1 Salaries and Employee Benefits | 1,180.0 | 1,108.7 | 71.3 | |
| 233.7 | | 2 Other Expenditures | 195.6 | 207.4 | (11.8) | |
| | 21-1c | Finance | | | | |
| 4,866.3 | | 1 Salaries and Employee Benefits | 4,869.8 | 4,733.0 | 136.8 | |
| 1,323.0 | | 2 Other Expenditures | 1,368.5 | 1,393.4 | (24.9) | |
| | 21-1d | Central Services | | | | |
| 1,988.1 | | 1 Salaries and Employee Benefits | 1,865.4 | 1,801.8 | 63.6 | |
| 291.7 | | 2 Other Expenditures | 342.1 | 285.9 | 56.2 | |
| 131.7 | | 3 External Agencies | 112.7 | 90.8 | 21.9 | |
| **9,999.3** | | **Total Appropriation 21-1** | **9,994.6** | **9,680.4** | **314.2** | |

**Manitoba Health and Healthy Living**

**Expenditure Summary**

for fiscal year ended March 31, 2007

| Estimate 2006/07 $(000s) | | Appropriation | Actual [1] 2006/07 $(000s) | Actual [2] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-2** | **Corporate and Provincial Program Support** | | | | |
| | 21-2a | Administration | | | | |
| 149.5 | | 1 Salaries and Employee Benefits | 190.1 | 161.8 | 28.3 | |
| 34.1 | | 2 Other Expenditures | 73.1 | 47.3 | 25.8 | |
| | 21-2b | Information Systems | | | | |
| 4,287.6 | | 1 Salaries and Employee Benefits | 4,334.6 | 4,189.2 | 145.4 | |
| 1,326.6 | | 2 Other Expenditures | 735.0 | 1,267.7 | (532.7) | |
| 3,943.5 | | 3 Provincial Program Support Cost | 4,181.7 | 3,457.4 | 724.3 | |
| 65.1 | | 4 External Agencies | 32.5 | 37.7 | (5.2) | |
| | 21-2c | Provincial Drug Programs | | | | |
| 2,181.8 | | 1 Salaries and Employee Benefits | 2,009.4 | 2,015.4 | (6.0) | |
| 653.4 | | 2 Other Expenditures | 715.5 | 529.3 | 186.2 | |
| 90.0 | | 3 External Agencies | 90.0 | 67.0 | 23.0 | |
| | 21-2d | Corporate Services | | | | |
| 1,386.0 | | 1 Salaries and Employee Benefits | 1,409.4 | 1,433.1 | (23.7) | |
| 1,062.1 | | 2 Other Expenditures | 928.9 | 1,038.7 | (109.8) | |
| 583.9 | | 3 External Agencies | 583.9 | 518.8 | 65.1 | |
| | 21-2e | Capital Planning | | | | |
| 752.6 | | 1 Salaries and Employee Benefits | 702.8 | 786.1 | (83.3) | |
| 208.0 | | 2 Other Expenditures | 179.7 | 177.3 | 2.4 | |
| | 21-2f | Drug Management Policy Unit | | | | |
| 397.1 | | 1 Salaries and Employee Benefits | 324.3 | 94.4 | 229.9 | |
| 30.0 | | 2 Other Expenditures | 64.4 | 3.6 | 60.8 | |
| | 21-2e | Manitoba Centre for Health Policy | | | | |
| 1,850.0 | | 1 Other Expenditures | 1,850.0 | 1,850.0 | - | |
| **19,001.3** | | **Total Appropriation 21-2** | **18,405.3** | **17,674.8** | **730.5** | |

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2007

| Estimate 2006/07 $(000s) | | Appropriation | Actual [1] 2006/07 $(000s) | Actual [2] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-3** | **Health Workforce** | | | | |
| | 21-3a | Insured Benefits | | | | |
| 5,612.3 | | 1 Salaries and Employee Benefits | 5,807.8 | 5,857.1 | (49.3) | |
| 2,064.9 | | 2 Other Expenditures | 1,977.4 | 2,099.1 | (121.7) | |
| | 21-3b | Health Labour Relations | | | | |
| 1,056.4 * | | 1 Salaries and Employee Benefits | 852.0 | 748.2 | 103.8 | 1 |
| 713.1 * | | 2 Other Expenditures | 363.0 | 278.1 | 84.9 | 1 |
| 780.1 | | 3 External Agencies | 735.1 | 525.2 | 209.9 | 2 |
| | 21-3c | Workforce Policy and Planning | | | | |
| 716.0 * | | 1 Salaries and Employee Benefits | 725.7 | 653.4 | 70.3 | |
| 227.2 * | | 2 Other Expenditures | 219.7 | 259.9 | (40.2) | |
| **11,169.0** | | **Total Appropriation 21-3** | **10,678.7** | **10,421.0** | **257.7** | |

* includes enabling appropriation for Wait Time Initiatives

*Explanation Number*

1. Increase due to Wait Time Initiatives
2. Increase to College of Physicians and Surgeons of Manitoba

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2007

| Estimate 2006/07 $(000s) | | Appropriation | Actual [1] 2006/07 $(000s) | Actual [2] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | 21-4 | **Regional Affairs** | | | | |
| | 21-4a | Administration | | | | |
| 204.9 | | 1 Salaries and Employee Benefits | 216.5 | 249.3 | (32.8) | |
| 38.6 | | 2 Other Expenditures | 56.5 | 59.7 | (3.2) | |
| | 21-4b | Emergency Medical Services | | | | |
| 952.5 | | 1 Salaries and Employee Benefits | 1,022.3 | 971.5 | 50.8 | |
| 5,135.0 | | 2 Other Expenditures | 4,576.0 | 5,010.1 | (434.1) | |
| 22.5 | | 3 External Agencies | 18.6 | 16.4 | 2.1 | |
| | 21-4c | Disaster Management | | | | |
| 289.8 | | 1 Salaries and Employee Benefits | 306.8 | 288.4 | 18.4 | |
| 65.7 | | 2 Other Expenditures | 134.3 | 119.0 | 15.3 | |
| | 21-4d | Urban Regional Support | | | | |
| 2,246.0 | * | 1 Salaries and Employee Benefits | 2,061.1 | 1,573.2 | 487.9 | 1 |
| 602.8 | * | 2 Other Expenditures | 430.9 | 420.4 | 10.5 | |
| 392.3 | | 3 External Agencies | 388.7 | 388.7 | 0.0 | |
| | 21-4e | Northern and Rural Support | | | | |
| 715.7 | | 1 Salaries and Employee Benefits | 684.2 | 688.6 | (4.4) | |
| 221.9 | | 2 Other Expenditures | 195.2 | 168.3 | 26.9 | |
| | 21-4f | Primary Health Care | | | | |
| 261.3 | | 1 Salaries and Employee Benefits | 202.4 | 209.3 | (6.9) | |
| 62.0 | | 2 Other Expenditures | 84.0 | 58.3 | 25.7 | |
| **11,211.0** | | **Total Appropriation 21-4** | **10,377.4** | **10,221.2** | **156.2** | |

* Includes enabling appropriation for Wait Time Initiatives

*Explanation Number*

1. Increase due to Wait Time Initiatives

Manitoba Health and Healthy Living

Expenditure Summary

for fiscal year ended March 31, 2007

| Estimate 2006/07 $(000s) | | Appropriation | Actual [1] 2006/07 $(000s) | Actual [1] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | 21-5 | **Healthy Living and Health Programs** | | | | |
| | 21-5a | Administration | | | | |
| 538.1 | | 1. Salaries and Employee Benefits | 474.3 | 423.3 | 51.0 | |
| 665.3 | | 2. Other Expenditures | 318.7 | 281.9 | 36.8 | |
| 5,060.4 | | 3. External Agencies | 5,060.4 | 5,000.6 | 59.8 | |
| | 21-5b | Mental Health and Addictions | | | | |
| 1,026.3 | | 1. Salaries and Employee Benefits | 939.5 | 393.3 | 546.2 | 1 |
| 2,077.4 | * | 2. Other Expenditures | 1,764.7 | 650.4 | 1,114.3 | 2 |
| | 21-5c | Chief Provincial Psychiatrist | | | | |
| 273.9 | | 1. Salaries and Employee Benefits | 361.8 | 270.1 | 91.7 | |
| 66.2 | | 2. Other Expenditures | 54.5 | 49.3 | 5.2 | |
| | 21-5d | Aboriginal Health | | | | |
| 264.7 | | 1. Salaries and Employee Benefits | 299.2 | 266.0 | 33.2 | |
| 253.9 | | 2. Other Expenditures | 317.2 | 297.6 | 19.6 | |
| | 21-5e-1 | Provincial Public Health Office | | | | |
| 5,307.8 | | 1. Salaries and Employee Benefits | 6,206.5 | 5,454.4 | 752.1 | |
| 7,823.1 | | 2. Other Expenditures | 6,165.0 | 6,992.4 | (827.4) | |
| 13,400.0 | | 3. Vaccines | 14,068.1 | 14,787.5 | (719.4) | |
| 516.4 | | 4. External Agencies | 392.7 | 477.5 | (84.8) | |
| | 21-5e-2 | Cadham Provincial Laboratory Services | | | | |
| 5,278.0 | | 1. Salaries and Employee Benefits | 5,714.7 | 5,400.2 | 314.5 | |
| 4,120.5 | | 2. Other Expenditures | 4,958.2 | 4,379.1 | 579.1 | |
| | 21-5f | Selkirk Mental Health Centre | | | | |
| 23,452.3 | | 1. Salaries and Employee Benefits | 23,737.8 | 22,972.3 | 765.5 | |
| 3,519.7 | | 2. Other Expenditures | 3,957.3 | 3,910.1 | 47.2 | |

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2007

| Estimate 2006/07 $(000s) | | Appropriation | Actual [1] 2006/07 $(000s) | Actual [2] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl No. |
|---|---|---|---|---|---|---|
| | 21-5g | Healthy Populations | | | | |
| 519.7 | | 1 Salaries and Employee Benefits | 549.1 | 529.6 | 19.5 | |
| 840.4 | | 2 Other Expenditures | 896.7 | 859.3 | 37.4 | |
| | 21-5h | Northern Nursing Stations | | | | |
| 1,240.8 | | 1 Salaries and Employee Benefits | 1,345.3 | 1,540.5 | (195.2) | |
| 1,514.4 | | 2 Other Expenditures | 1,334.0 | 1,317.9 | 17.0 | |
| **77,759.3** | | **Total Appropriation 21-5** | **78,916.6** | **76,252.3** | **2,664.3** | |

[1] Includes enabling appropriation for Methamphetamine Strategy

*Explanation Number*

1 Increase for Program for Assertive Community Treatment

2 Increase for expanded Provincial Crystal Meth Treatment Strategy

| | 21-6 | **Health Services Insurance Fund** | | | | |
|---|---|---|---|---|---|---|
| | 21-6a | Funding to Health Authorities | | | | |
| 1,514,571.2 | | Acute Care Services | 1,537,510.2 | 1,418,005.5 | 119,504.7 | 1 |
| 453,887.7 | | Long Term Care Services | 453,459.6 | 445,588.4 | 7,871.2 | 1 |
| 237,796.2 | | Home Care Services | 232,538.9 | 226,064.2 | 6,474.7 | 1 |
| 164,001.6 | | Community and Mental Health Services | 171,589.7 | 158,007.8 | 13,581.9 | 1 |
| 31,550.9 | | Emergency Response and Transport Services | 37,333.0 | 32,179.2 | 5,153.8 | 1 |
| (7,960.1) | | Third Party Recoveries | (7,569.0) | (7,001.7) | (567.3) | |
| (35,012.2) | | Reciprocal Recoveries | (44,934.6) | (38,607.3) | (6,327.3) | 2 |
| (2,000.0) | | Recoverable from Urban Development Initiative | (2,000.0) | (2,000.0) | 0.0 | |
| | 21-6b | Provincial Health Services | | | | |
| 28,511.4 | | Out of Province | 32,067.4 | 28,850.6 | 3,216.8 | 3 |
| 49,004.6 | | Blood Transfusion Services | 49,343.0 | 47,593.5 | 1,749.5 | 3 |
| 2,168.5 | | Federal Hospitals | 1,261.8 | 1,957.8 | (696.0) | 4 |
| 8,530.4 | | Prosthetic and Orthotic Devices | 8,565.8 | 8,516.5 | 49.3 | |
| 6,591.7 | | Healthy Communities Development | 6,338.1 | 9,161.0 | (2,822.9) | 5 |

**Manitoba Health and Healthy Living**
**Expenditure Summary**
for fiscal year ended March 31, 2007

| Estimate 2006/07 $(000s) | | Appropriation | Actual [1] 2006/07 $(000s) | Actual [1] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| 1,700.0 | | Nursing Recruitment and Retention Initiatives | 1,733.7 | 1,483.2 | 250.5 | 6 |
| | 21-5c | Medical | | | | |
| 700,442.2 * | | Physician Services | 700,427.4 | 653,355.1 | 47,072.3 | 7 |
| 14,578.3 | | Other Professionals | 14,810.1 | 14,720.4 | 89.7 | |
| 19,299.8 | | Out of Province Physicians | 22,283.4 | 20,455.6 | 1,827.8 | 8 |
| 11,908.9 | | Other | 11,237.0 | 10,955.5 | 281.5 | |
| (5,273.5) | | Third Party Recoveries | (5,206.0) | (4,912.5) | (293.5) | |
| (10,447.7) | | Reciprocal Recoveries | (11,231.7) | (10,604.1) | (627.6) | |
| | 21-6d | Pharmacare | | | | |
| 212,695.3 | | Other Expenditures | 213,740.6 | 206,624.7 | 7,115.9 | 9 |
| **3,396,545.2** | | **Total Appropriation 21-6** | **3,433,298.4** | **3,220,393.1** | **212,905.3** | |

* includes enabling appropriation for Wait List Initiatives

*Explanation Number:*

1. Primarily the increase in base line funding to the RHAs
2. Primarily price and volume increase in out-patient recoveries
3. Primarily price and volume increase
4. Primarily volume decrease
5. Price and volume decrease in mix of projects
6. Primarily price and volume increase
7. Primarily price and volume increase in physician services
8. Price and volume increase in out of province physician services
9. Price and volume increase in prescriptions

**Manitoba Health and Healthy Living**

**Expenditure Summary**

for fiscal year ended March 31, 2007

| Estimate 2006/07 $(000s) | | Appropriation | Actual [1] 2006/07 $(000s) | Actual [2] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl No. |
|---|---|---|---|---|---|---|
| | 21-7 | **Addictions Foundation of Manitoba** [3] | | | | |
| 15,079.1 | | Program Delivery | 15,339.0 | 14,775.1 | 563.9 | |
| 1,918.6 | | Problem Gambling Services | 1,918.6 | 1,865.5 | 53.1 | |
| (1,599.1) | | Third Party Recoveries | (1,599.1) | (1,599.1) | 0.0 | |
| (1,918.6) | | Recoveries from Manitoba Lotteries Corporation | (1,918.6) | (1,865.5) | (53.1) | |
| **13,480.0** | | **Total Appropriation 21-7** | **13,739.9** | **13,176.0** | **563.9** | |

**Manitoba Health and Healthy Living**

**Expenditure Summary**

for fiscal year ended March 31, 2007

| Estimate 2006/07 $(000s) | | Appropriation | Actual [1] 2006/07 $(000s) | Actual [2] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl. No. |
|---|---|---|---|---|---|---|
| | **21-8** | **Capital Funding** | | | | |
| | 21-8a | Principal Repayments | 38,602.6 | 33,739.0 | 4,863.6 | 1 |
| 40,341.9 | | 1 Acute Care | 11,141.6 | 10,930.2 | 211.4 | |
| 12,182.3 | | 2 Long Term Care | 1,476.8 | 1,488.1 | (11.3) | |
| 1,027.6 | | 3 Community and Mental Health Services | | | | |
| | 21-8b | Equipment Purchases and Replacements | 35,822.6 | 28,215.8 | 7,606.7 | 2 |
| 35,293.6 * | | 1 Acute Care | 1,122.6 | 1,295.5 | (172.9) | |
| 1,122.6 | | 2 Long Term Care | | | | |
| | 21-8c | Other Capital | 3,259.3 | 4,163.1 | (903.8) | 3 |
| 3,738.2 | | 1 Acute Care | 2,447.6 | 868.7 | 1,578.9 | 4 |
| 1,100.0 | | 2 Long Term Care | 0.0 | 0.0 | 0.0 | |
| 150.0 | | 3 Community and Mental Health Services | | | | |
| **94,926.2** | | **Total Appropriation 21-8** | **93,873.0** | **80,700.4** | **13,172.6** | |

*Explanation Number*

1. Primarily increase in debt servicing for new projects
2. Primarily due to purchase of Cyber Knife
3. Decrease in capital projects
4. Increase in capital projects

**Manitoba Health and Healthy Living**

**Expenditure Summary**

for fiscal year ended March 31, 2007

| Estimate 2006/07 $(000s) | | Appropriation | Actual [1] 2006/07 $(000s) | Actual [2] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl No. |
|---|---|---|---|---|---|---|
| | 21-9 | **Costs Related to Capital Assets** | | | | |
| 425.4 | 21-9a | Desktop Services | 424.4 | 438.5 | (14.1) | |
| 2,734.4 | 21-9b | Amortization Expense | 2,737.8 | 2,365.7 | 372.1 | 1 |
| 1,204.7 | 21-9c | Interest Expense | 1,031.4 | 825.7 | 205.7 | 1 |
| 4,364.5 | | **Total Appropriation 21-9** | 4,193.6 | 3,629.9 | 563.7 | |

*Explanation Number*

1. Increase in new completed projects

| | | | | | |
|---|---|---|---|---|---|
| 3,638,455.8 | **Total Appropriation 21** | 3,673,477.5 | 3,442,149.1 | 231,328.4 | |

Footnotes

(1) Actuals for 2006/07 are based on year-end expenditure analysis report dated July 20, 2007.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2007.

(3) Details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

**Manitoba Health and Healthy Living**
**Revenue Summary by Source**
for fiscal year ended March 31, 2007

| Actual [1] 2006/07 $(000s) | Actual [2] 2005/06 $(000s) | Increase (Decrease) $(000s) | Expl. No. | Source | Actual [1] 2006/07 $(000s) | Estimate 2006/07 $(000s) | Variance $(000s) | Expl. No. |
|---|---|---|---|---|---|---|---|---|
| | | | | 1. Government of Canada: | | | | |
| 1,797.6 | 5,916.8 | (4,119.2) | 1 | a) Primary Health Care Transition Fund | 1,797.6 | 1,581.0 | 216.6 | |
| - | 2,070.1 | (2,070.1) | 2 | b) Medical Equipment Fund | | | | |
| 14,908.0 | 16,589.6 | (1,681.6) | 1 | c) Diagnostic Medical Equipment Fund | 14,908.0 | 18,200.0 | (3,292.0) | |
| (10.0) | (46.0) | 36.0 | 3 | d) Health Reform Fund | (10.0) | | (10.0) | |
| **16,695.6** | **24,530.5** | **(7,834.9)** | | **Sub-Total Health Funds** | **16,695.6** | **19,781.0** | **(3,085.4)** | |
| 4,368.3 | 4,368.3 | - | | f) Labour Market Agreements for People with Disabilities | 4,368.3 | 4,368.3 | - | |
| 498.1 | 591.8 | (93.7) | | g) Alcohol and Drug Treatment and Rehabilitation | 498.1 | 671.1 | (173.0) | |
| **4,866.4** | **4,960.1** | **(93.7)** | | **Sub-Total Other Agreements** | **4,866.4** | **5,039.4** | **(173.0)** | |
| | | | | 2. Other Revenue: | | | | |
| 5,386.7 | 4,781.4 | 605.3 | 4 | a) Sundry | 5,386.7 | 3,759.4 | 1,627.3 | 4 |
| **26,948.7** | **34,272.0** | **(7,323.3)** | | **Total Revenue** | **26,948.7** | **28,579.8** | **(1,631.1)** | |

*Explanation Number*

1. Nearing completion of the program
2. Funding ended in 2005/06
3. Funding transferred over to Central Finance in 2005/06
4. Primarily due to volume increase in revenue for LifeFlight Air Ambulance and Cadham Lab in 2006/07

*Footnotes*

(1) Actuals for 2006/07 are based on year-end expenditure analysis report dated July 20, 2007.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2007.

## Manitoba Health and Healthy Living
## Five Year Expenditure and Staffing Summary by Appropriation
for years ending March 31, 2003 to March 31, 2007

| Appropriation | 2002/03 [2] FTE | 2002/03 [2] $(000s) | 2003/04 [2] FTE | 2003/04 [2] $(000s) | 2004/05 [2] FTE | 2004/05 [2] $(000s) | 2005/06 [2] FTE | 2005/06 [2] $(000s) | 2006/07 [1] FTE | 2006/07 [1] $(000s) |
|---|---|---|---|---|---|---|---|---|---|---|
| 21-1 Administration, Finance and Accountability | 137.52 | 8,915.5 | 137.73 | 9,551.8 | 134.73 | 9,396.8 | 133.73 | 9,680.4 | 133.73 | 9,994.6 |
| 21-2 Corporate and Provincial Program Support | 156.40 | 18,862.8 | 156.90 | 17,944.3 | 145.90 | 17,778.5 | 145.90 | 17,674.8 | 147.90 | 18,405.3 |
| 21-3 Health Workforce | 148.29 | 9,648.3 | 148.29 | 9,697.2 | 146.29 | 9,955.8 | 145.29 | 10,421.0 | 148.29 | 10,678.7 |
| 21-4 Regional Affairs | 67.12 | 8,946.4 | 67.12 | 9,253.2 | 60.12 | 9,717.8 | 60.12 | 10,221.2 | 68.12 | 10,377.4 |
| 21-5 Healthy Living and Health Programs | 604.56 | 54,547.6 | 610.56 | 62,176.7 | 609.06 | 69,662.4 | 604.06 | 76,252.3 | 605.06 | 78,916.6 |
| 21-6 Health Services Insurance Fund | | 2,649,527.8 | | 2,840,335.2 | | 3,031,012.9 | | 3,220,393.1 | | 3,433,298.4 |
| 21-7 Addictions Foundation of Manitoba [3] | | 11,741.6 | | 12,834.7 | | 12,890.0 | | 13,176.0 | | 13,739.9 |
| 21-8 Capital Funding | | 83,092.4 | | 95,635.2 | | 73,889.0 | | 80,700.4 | | 93,873.0 |
| 21-9 Costs Related to Capital Assets | | 2,824.5 | | 2,659.7 | | 3,321.8 | | 3,629.9 | | 4,193.6 |
| Total Departmental Expenditures | 1,113.89 | 2,848,106.9 | 1,120.60 | 3,060,088.0 | 1,096.10 | 3,237,625.0 | 1,089.10 | 3,442,149.1 | 1,103.10 | 3,673,477.5 |

*Footnotes*

*(1) Actuals for 2006/07 are based on year-end expenditure analysis report dated July 20, 2007.*

*(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2007.*

*(3) Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.*

## Manitoba Health Services Insurance Plan
## Five-Year Expenditure Summary

for years ending March 31, 2003 - March 31, 2007 [1]

| Program | 2002/03 $(000s) | 2003/04 $(000s) | 2004/05 $(000s) | 2005/06 $(000s) | 2006/07 $(000s) |
|---|---|---|---|---|---|
| Facilities and Health Authorities | 1,950,300.2 | 2,073,098.1 | 2,188,083.8 | 2,312,936.2 | 2,481,800.8 |
| Medical [2] | 543,523.3 | 588,077.4 | 630,937.4 | 683,970.0 | 732,320.2 |
| Provincial Programs [3] | 77,984.7 | 89,990.4 | 91,470.9 | 97,562.6 | 99,309.8 |
| Pharmacare | 160,812.0 | 184,804.5 | 194,409.8 | 206,624.7 | 213,740.6 |
| **Total** | **2,732,620.2** | **2,935,970.4** | **3,104,901.9** | **3,301,093.5** | **3,527,171.4** |

*Footnotes:*

(1) *Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2007.*

(2) *Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.*

(3) *Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.*

**Regional Health Authorities and Other Facilities**
**Net Manitoba Health Payments**

| Assiniboine Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 49,079,272 | 52,004,277 |
| Long Term Care Services – Operating | 33,924,240 | 34,879,800 |
| Emergency Response & Transportation Services | 2,694,000 | 2,837,895 |
| Medical | 12,485,395 | 12,782,187 |
| Home Care | 11,824,632 | 12,207,192 |
| Community and Mental Health | 5,551,656 | 6,080,784 |
| Acute Care Services – Capital | 1,071,165 | 2,402,450 |
| Long Term Care Services – Capital | 650,520 | 652,944 |
| Community – Capital | - | - |
| **Total Assiniboine Regional Health Authority** | **$117,280,880** | **$123,847,529** |

| Brandon Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 92,907,876 | 99,766,185 |
| Long Term Care Services – Operating | 17,103,168 | 18,038,016 |
| Emergency Response & Transportation Services | 220,128 | 592,509 |
| Medical | 7,240,224 | 7,620,058 |
| Home Care | 5,395,584 | 6,128,976 |
| Community and Mental Health | 15,741,168 | 15,059,688 |
| Acute Care Services – Capital | 2,502,794 | 3,190,435 |
| Long Term Care Services – Capital | 688,631 | 813,201 |
| Community – Capital | - | - |
| **Total Brandon Regional Health Authority** | **$141,799,573** | **$151,209,068** |

| Burntwood Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 27,385,965 | 29,023,084 |
| Long Term Care Services – Operating | 372,336 | 567,288 |
| Emergency Response & Transportation Services | 3,846,312 | 3,935,736 |
| Medical | 12,707,568 | 13,231,529 |
| Home Care | 1,357,848 | 1,391,616 |
| Community and Mental Health | 5,967,456 | 6,878,256 |
| Acute Care Services – Capital | 530,216 | 642,229 |
| Long Term Care Services – Capital | 1,450 | 231,476 |
| Community – Capital | 106,512 | 97,632 |
| **Total Burntwood Regional Health Authority** | **$52,275,663** | **$55,998,846** |

**Regional Health Authorities and Other Facilities**
**Net Manitoba Health Payments**

| CancerCare Manitoba | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 47,380,584 | 69,497,693 |
| Long Term Care Services – Operating | - | - |
| Emergency Response & Transportation Services | - | - |
| Medical | 7,976,664 | 7,834,210 |
| Home Care | - | - |
| Community and Mental Health | - | - |
| Acute Care Services – Capital | 4,754,120 | 1,846,605 |
| Long Term Care Services – Capital | - | - |
| Community – Capital | - | - |
| **Total Central Regional Health Authority** | **$60,111,368** | **$79,178,508** |

| Central Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 59,426,482 | 64,602,282 |
| Long Term Care Services – Operating | 32,364,840 | 32,979,000 |
| Emergency Response & Transportation Services | 2,766,048 | 3,713,982 |
| Medical | 10,679,235 | 11,080,722 |
| Home Care | 15,454,392 | 16,890,504 |
| Community and Mental Health | 11,485,320 | 13,099,008 |
| Acute Care Services – Capital | 2,673,873 | 1,413,105 |
| Long Term Care Services – Capital | 457,994 | 591,458 |
| Community – Capital | - | - |
| **Total Central Regional Health Authority** | **$135,308,184** | **$144,370,061** |

| Churchill Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 7,614,576 | 7,779,053 |
| Long Term Care Services – Operating | - | - |
| Emergency Response & Transportation Services | 1,178,280 | 1,194,960 |
| Medical | - | - |
| Home Care | 113,976 | 114,528 |
| Community and Mental Health | 710,328 | 857,712 |
| Acute Care Services – Capital | 517,940 | 514,854 |
| Long Term Care Services – Capital | - | - |
| Community – Capital | - | - |
| **Total Churchill Regional Health Authority** | **$10,135,100** | **$10,461,107** |

**Regional Health Authorities and Other Facilities**
**Net Manitoba Health Payments**

| Interlake Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 32,936,667 | 34,601,184 |
| Long Term Care Services – Operating | 15,267,744 | 16,236,072 |
| Emergency Response & Transportation Services | 2,643,000 | 2,856,737 |
| Medical | 6,068,876 | 6,194,304 |
| Home Care | 11,585,760 | 11,477,328 |
| Community and Mental Health | 9,324,816 | 9,038,304 |
| Acute Care Services – Capital | 1,038,327 | 1,014,176 |
| Long Term Care Services – Capital | 376,481 | 319,584 |
| Community – Capital | 26,280 | 24,096 |
| **Total Interlake Regional Health Authority** | **$79,267,951** | **$81,761,785** |

| Norman Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 27,580,849 | 28,938,890 |
| Long Term Care Services – Operating | 5,988,480 | 6,410,976 |
| Emergency Response & Transportation Services | 3,984,600 | 4,637,280 |
| Medical | 6,754,920 | 7,045,542 |
| Home Care | 3,355,080 | 3,299,472 |
| Community and Mental Health | 6,654,336 | 6,876,240 |
| Acute Care Services – Capital | 898,282 | 1,194,002 |
| Long Term Care Services – Capital | 412,268 | 316,465 |
| Community – Capital | - | - |
| **Total Norman Regional Health Authority** | **$55,628,815** | **$58,718,867** |

| North Eastman Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 13,719,664 | 15,513,515 |
| Long Term Care Services – Operating | 9,807,720 | 10,512,936 |
| Emergency Response & Transportation Services | 1,053,000 | 1,251,558 |
| Medical | 3,209,112 | 3,447,143 |
| Home Care | 5,333,016 | 5,540,472 |
| Community and Mental Health | 2,988,432 | 3,312,024 |
| Acute Care Services – Capital | 346,375 | 856,557 |
| Long Term Care Services – Capital | 111,768 | 218,843 |
| Community – Capital | - | - |
| **Total North Eastman Regional Health Authority** | **$36,569,087** | **$40,653,048** |

**Regional Health Authorities and Other Facilities**
**Net Manitoba Health Payments**

| Parkland Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 43,099,842 | 45,519,658 |
| Long Term Care Services – Operating | 23,125,176 | 24,018,408 |
| Emergency Response & Transportation Services | 1,127,688 | 1,534,538 |
| Medical | 3,643,704 | 3,806,972 |
| Home Care | 9,294,768 | 9,156,912 |
| Community and Mental Health | 9,958,272 | 11,008,392 |
| Acute Care Services – Capital | 3,164,890 | 1,041,984 |
| Long Term Care Services – Capital | 389,115 | 131,280 |
| Community – Capital | - | - |
| **Total Parkland Regional Health Authority** | **$93,803,455** | **$96,218,144** |

| South Eastman Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 21,188,768 | 23,177,983 |
| Long Term Care Services – Operating | 13,054,680 | 13,738,656 |
| Emergency Response & Transportation Services | 870,000 | 1,185,000 |
| Medical | 3,848,832 | 3,990,623 |
| Home Care | 10,041,984 | 10,781,016 |
| Community and Mental Health | 4,414,992 | 5,210,856 |
| Acute Care Services – Capital | 894,643 | 999,909 |
| Long Term Care Services – Capital | 333,672 | 418,080 |
| Community – Capital | 185,904 | 159,192 |
| **Total South Eastman Regional Health Authority** | **$54,833,475** | **$59,661,315** |

| Winnipeg Regional Health Authority | 2005/06 | 2006/07 |
|---|---|---|
| Acute Care Services – Operating | 938,440,649 | 1,103,928,914 |
| Long Term Care Services – Operating | 283,716,024 | 185,378,712 |
| Emergency Response & Transportation Services | 8,724,696 | 6,849,984 |
| Medical | 110,875,809 | 122,543,646 |
| Home Care | 153,099,200 | 155,581,176 |
| Community and Mental Health | 86,110,608 | 94,335,888 |
| Acute Care Services – Capital | 23,059,356 | 28,508,543 |
| Long Term Care Services – Capital | 4,321,118 | 4,736,349 |
| Community – Capital | 14,208 | 85,552 |
| **Total Winnipeg Regional Health Authority** | **$1,608,361,668** | **$1,701,948,764** |

**Regional Health Authorities and Other Facilities**
**Net Manitoba Health Payments**

| Other | 2005/06 | 2006/07 |
|---|---|---|
| Amocs Inc | 738,581 | 852,180 |
| Canadian Blood Agency | 46,879,193 | 48,834,777 |
| Centre de Sante St. Boniface | 1,622,152 | 883,908 |
| Community Therapy Services Inc. | 84,336 | 84,336 |
| Department of Clinical Health Psychology U of MB | 319,632 | 319,632 |
| Manitoba Locum Tenens Program | 606,072 | 703,872 |
| Out-of-Province | 28,850,552 | 32,067,408 |
| Pinaow Wachi | 236,010 | 224,329 |
| University Medical Group | 2,210,534 | 2,772,124 |
| University of Manitoba-Island Lake | 719,360 | 1,355,609 |
| University of Manitoba-Northern Medical Unit | 5,498,043 | 6,374,657 |
| **Total Other** | **$87,764,465** | **$94,472,832** |

| Federal Hospitals/Nursing Stations | 2005/06 | 2006/07 |
|---|---|---|
| Hodgson-Percy E. Moore, Hospital | 617,086 | 650,135 |
| Norway House, Hospital | 484,542 | 596,594 |
| Berens River, N.S. | 16,335 | 9,801 |
| Bloodvein, N.S. | 7,502 | 4,477 |
| Brochef, N.S. | 5,456 | 4,216 |
| Cross Lake, N.S. | 117,128 | 92,928 |
| Garden Hill, N.S. | 36,421 | 34,727 |
| God's Lake, N.S. | 33,396 | 20,449 |
| God's River, N.S. | 24,180 | 6,200 |
| Lac Brochet, N.S. | 7,936 | 8,556 |
| Little Grand Rapids, N.S. | 15,252 | 9,920 |
| Nelson House, N.S. | 84,196 | 41,292 |
| Oxford House, N.S. | 19,118 | 15,367 |
| Pauingassi, N.S. | 4,588 | 2,480 |
| Poplar River, N.S. | 11,036 | 8,308 |
| Pukatawagan, N.S. | 37,696 | 20,584 |
| Red Sucker Lake, N.S. | 15,376 | 8,804 |
| Shamatawa, N.S. | 26,784 | 13,516 |
| South Indian Lake, N.S. | 16,244 | 8,184 |
| Split Lake, N.S. | 64,480 | 37,324 |
| Ste. Theresa, N.S. | 39,930 | 28,072 |
| Tadoule Lake, N.S. | 5,456 | 2,728 |
| Wasagamack, N.S. | 23,595 | 9,559 |
| York Factory, N.S. | 9,796 | 5,828 |
| **Total Federal Hospitals/Nursing Stations** | **$1,723,529** | **$1,640,049** |
| **All Facilities and Regional Health Authorities** | **$2,534,863,213** | **$2,700,139,923** |

# Financial Report Summary Information Part 2

## Manitoba Health Services Insurance Plan
### Summary of Estimates
### April 1, 2006 – March 31, 2007

| DETAILS | 2006/07 ESTIMATES ($000s) |
|---|---|
| **2006/07 Main Estimates:** | |
| Funding to Health Authorities | 2,356,835.3 |
| Provincial Health Services | 96,506.6 |
| Medical | 730,508.0 |
| Pharmacare | 212,695.3 |
| Capital Grants | 94,926.2 |
| **2006/07 Estimates:** | **3,491,471.4** |

For the year ended March 31, 2007, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund estimates and enabling appropriations totalled $3,491,471.4 for planned expenses. During the year, Supplementary Funding of $69,691.6 was approved, bringing the total to $3,561,163.0.

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

## AUDITORS' REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the balance sheet of the Manitoba Health Services Insurance Plan as at March 31, 2007 and the statement of revenue and expenses and net assets for the year then ended. These financial statements reflect the Plan's health program expenses for insured services and the funding provided for these programs from the Department of Health appropriations for the Health Services Insurance Fund and Capital Grants. These financial statements are the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the assets, liabilities and net assets of the Manitoba Health Services Insurance Plan as at March 31, 2007 and the revenue and expenses and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
June 22, 2007

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

# MANAGEMENT REPORT

Management of Manitoba Health and Healthy Living is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2007 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act.

Manitoba Health and Healthy Living maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Office of the Auditor General review internal controls and report their findings annually to management and to the Minister of Health.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

Arlene Wilgosh
Deputy Minister of Health and
Healthy Living

Heather D. Reichert, CA
Chief Financial Officer and
Associate Deputy Minister

Winnipeg, Manitoba
July 13,2007

# Manitoba Health Services Insurance Plan
## Balance Sheet
As at March 31, 2007

### ASSETS

| | 2007 | 2006 |
|---|---|---|
| | (thousands of dollars) | |
| Cash | $ 21,383 | $ 25,212 |
| Funds on deposit with the Province of Manitoba | 4,176 | 155,968 |
| Accounts receivable | | |
| Province of Manitoba | 151,793 | -- |
| Other Provinces and Territories | 20,233 | 18,832 |
| Other | 8,237 | 2,756 |
| | 180,263 | 21,588 |
| Receivable from the Province of Manitoba (Note 3) | 249,767 | 249,767 |
| | **$455,589** | **$452,535** |

See accompanying notes to financial statements.

## LIABILITIES AND NET ASSETS

| | 2007 | 2006 |
|---|---|---|
| | (thousands of dollars) | |
| Accounts payable and accrued liabilities | | |
| Health Authorities and Facilities (Note 14) | $ 81,051 | $ 66,240 |
| Medical services claims (Note 14) | 87,987 | 63,546 |
| Pharmacare claims | 12,400 | 12,329 |
| Province of Manitoba | -- | 36,016 |
| General (Note 14) | 23,584 | 23,837 |
| | 205,022 | 201,968 |
| Vacation pay and post-employment Benefits (Note 3) | 249,767 | 249,767 |
| Net assets | 800 | 800 |
| | **$455,589** | **$452,535** |

# Manitoba Health Services Insurance Plan
## Statement of Revenue and Expenses, and Net Assets
As at March 31, 2007

| | 2007 | 2006 |
|---|---|---|
| | (thousands of dollars) | |
| **Revenue**: | | |
| Grants from the Province of Manitoba | $3,429,413 | $3,207,998 |
| Third party recoveries | 12,775 | 11,914 |
| Miscellaneous | 40 | 20 |
| **Total revenue** | 3,442,228 | 3,219,932 |
| **Expenses**: | | |
| Health Authorities and Facilities (Note 5, 6 and 14) | 2,394,075 | 2,222,814 |
| Medical (Notes 5, 6, 7 and 14) | 735,102 | 690,434 |
| Provincial programs | 99,310 | 100,059 |
| Pharmacare | 213,741 | 206,625 |
| **Total expenses** | 3,442,228 | 3,219,932 |
| **Revenue over expenses** | -- | -- |
| **Net assets beginning of year** | 800 | 800 |
| **Net assets end of year** | $ 800 | $ 800 |

See accompanying notes to financial statements.

# Manitoba Health Services Insurance Plan
## Notes to the Financial Statements
For the Year ending March 31, 2007

### Note 1 - Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of *The Health Services Insurance Act*. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

### Note 2 - Significant Accounting Policies

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles.

### Note 3 - Vacation Pay and Post Employment Benefits

The Plan revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

Accordingly, the liability for vacation pay and post employment benefits represents the liability as at March 31, 2004. This liability has no fixed terms of repayment. The related receivable from the Province of Manitoba also has no fixed terms of repayment.

### Note 4 - Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

### Note 5 - Inter-provincial Reciprocal Recoveries

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Claims for services are subsequently recovered between provincial governments. In order to reflect the cost of insured services to Manitobans, the recoveries attributable to services for non-Manitoba residents are netted against program expenses.

For the year ended March 31, 2007 the expenses for Health Authorities and Facilities within the Province, of $2,394,075,000 (2006 - $2,222,814,000) are net of reciprocal recoveries of $44,937,000 (2006 - $38,608,000). The expenses for Medical program of $735,102,000 (2006 - $690,434,000) are net of reciprocal recoveries of $11,232,000 (2006 - $10,604,000).

**Note 6 - Regional Health Authorities**

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expense categories of Health Authorities and Facilities and Medical.

| Regional Health Authority | 2007 Facilities (000's) | 2007 Medical (000's) | 2007 Total (000's) | 2006 Total (000's) |
|---|---|---|---|---|
| Winnipeg | $1,558,343 | $122,544 | $1,680,887 | $1,585,745 |
| Brandon | 141,350 | 7,620 | 148,970 | 140,106 |
| North Eastman | 36,880 | 3,447 | 40,327 | 36,275 |
| South Eastman | 54,190 | 3,991 | 58,181 | 53,494 |
| Interlake | 74,448 | 6,194 | 80,642 | 78,391 |
| Central | 132,069 | 11,081 | 143,150 | 134,244 |
| Assiniboine | 109,688 | 12,782 | 122,470 | 115,864 |
| Parkland | 89,384 | 3,807 | 93,191 | 87,869 |
| Norman | 50,417 | 7,046 | 57,463 | 54,751 |
| Burntwood | 41,952 | 13,232 | 55,184 | 51,941 |
| Churchill | 10,125 | - | 10,125 | 9,791 |
| CancerCare | 70,667 | 7,834 | 78,501 | 59,387 |
| Total payments | $2,369,513 | $199,578 | $2,569,091 | $2,407,858 |

The expense category, Health Authorities and Facilities, in the Statement of Revenue and Expenses, and Net Assets is comprised of the following:

| | 2007 (000's) | 2006 (000's) |
|---|---|---|
| Health Authorities payments | $2,369,513 | $2,222,367 |
| Accruals and payments to facilities and third parties | 69,499 | 39,055 |
| Reciprocal recoveries | (44,937) | (38,608) |
| Total expenses | $2,394,075 | $2,222,814 |

The expense category, Medical, in the Statement of Revenue and Expenses, and Net Assets is comprised of the following:

| | 2007 (000's) | 2006 (000's) |
|---|---|---|
| Fee for Service Medical payments and accruals | $520,714 | $490,223 |
| Health Authorities payments | 199,578 | 185,491 |
| Optometric | 5,544 | 5,337 |
| Chiropractic | 9,266 | 9,383 |
| Total expenses | $735,102 | $690,434 |

**Note 7 - *The Public Sector Compensation Disclosure Act***

The Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act* is included as part of the Annual Report of Manitoba Health and Healthy Living.

**Note 8 - Legal Actions**

The nature of the Plan's activities is such that there may be litigation pending or in progress at any time. With respect to claims at March 31, 2007, no provision has been made in the financial statements as the final outcome of the claims is not determinable at this time.

**Note 9 - Measurement Uncertainty**

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

**Note 10 - Financial Instruments**

The Manitoba Health Services Insurance Plan's financial instruments consist of cash, funds on deposit, accounts receivable, accounts payable, and accrued liabilities. Unless otherwise noted, it is management's opinion that Manitoba Heath Services Insurance Plan is not exposed to significant interest, currency or credit risk arising from these financial instruments. The fair value of these financial instruments approximates their carrying values.

**Note 11 - Statement of Cash Flows**

These financial statements do not include a Statement of Cash Flows. In the opinion of management, the Statement of Cash Flows does not provide additional disclosure.

**Note 12 - Economic Dependence**

The Manitoba Health Services Insurance Plan is economically dependent on the Province of Manitoba for its funding.

**Note 13 - Related Party Transactions**

In addition to those related transactions disclosed elsewhere in these financial statements, the Manitoba Health Services Insurance Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

**Note 14 - Restatement of Prior Year Comparative Figures**

At March 31, 2006, the total liability of Wait List Funding for the amount of $7,200,000 was recorded as a General Accrual and an expense in Health Authorities and Facilities. This amount has now been restated to Health Authorities and Facilities, and Medical services claims at March 31, 2006. The effects of these restatements are as follows:

| | Balance as Previously Reported $(000s) | Restatement $(000s) | Balance as restated $(000s) |
|---|---|---|---|
| Accounts payable and accrued liabilities | | | |
| Health Authorities and Facilities | $60,656 | $5,584 | $66,240 |
| Medical services claims | $61,930 | $1,616 | $63,546 |
| General | $31,037 | ($7,200) | $23,837 |
| Expenses | | | |
| Health Authorities and Facilities | $2,224,430 | ($1,616) | $2,222,814 |
| Medical | $688,818 | $1,616 | $690,434 |

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

# AUDITORS' REPORT
## Schedule of Public Sector Compensation Disclosure

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2007 prepared in accordance with The Public Sector Compensation Disclosure Act. This financial information is the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on this financial information based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial information. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial information.

In our opinion, this schedule presents fairly, in all material respects, compensation of The Manitoba Health Services Insurance Plan for the year ended March 31, 2007 in accordance with the provisions of The Public Sector Compensation Disclosure Act.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
June 22, 2007

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2007

This Schedule of Payments is published in compliance with the provisions of "*The Public Sector Compensation Disclosure Act*".

*The Act* requires the publication of the name of every person who receives $50,000 or more in the fiscal year for providing services to insured persons under *The Health Services Insurance Act*, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends etc.

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- These data provide only a record of gross payments made by Manitoba Health to the practitioner.
- A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.
- As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.

| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Abbu G P | 53,750 | Altman G N | 256,860 | Arnot J B | 139,547 |
| Abdel Fattah M S | 275,130 | Alto L E | 595,015 | Arnott P C | 376,733 |
| Abdulrehman A S | 304,164 | Alvi A | 173,822 | Arora R C | 57,658 |
| Abell W R | 84,705 | Alvi C W | 126,618 | Ashcroft R P | 144,175 |
| Aboobaker S | 337,198 | Amadeo R J J | 309,041 | Ashique A | 97,402 |
| Abu Dieh A | 389,282 | Amede K H | 319,386 | Ashton M | 74,923 |
| Abu Shahma M | 241,252 | Amin S M | 221,755 | Assuras G N | 349,618 |
| Adam C J E | 123,102 | Amir N | 121,330 | Athaide M | 65,627 |
| Adams D W | 73,112 | Anastasiades L | 154,178 | Atkinson R | 225,584 |
| Adduri V R | 384,595 | Anderson A | 98,906 | Atwal J | 242,360 |
| Adrewi H | 148,309 | Anderson B | 119,166 | Awadalla A | 560,472 |
| Agha Khani Y | 95,823 | Anderson B R | 345,580 | Babick T R | 541,621 |
| Ahluwalia R S | 427,949 | Anderson D M | 167,588 | Badenhorst F | 277,369 |
| Ahmad S N | 195,622 | Anderson M | 76,484 | Badenhorst L | 228,147 |
| Ahweng A | 553,915 | Andrew C | 346,094 | Baidwan S K | 125,288 |
| Ainley A | 80,474 | Anhalt Hicks C D | 551,075 | Baillie C | 322,265 |
| Akena C | 419,920 | Anozie C B | 321,182 | Baker C | 271,046 |
| Alazragh W A | 110,901 | Antonenko N E | 176,060 | Balachandra B | 191,823 |
| Albak R E | 273,389 | Antonissen L A S | 391,734 | Balageorge D | 332,125 |
| Alberts H H | 268,423 | Anyadike I O | 316,568 | Balko G | 277,024 |
| Albi F | 283,772 | Aoki F Y | 121,573 | Banmann D S | 226,040 |
| Aldor T A M | 76,760 | Araneda M C | 101,761 | Barac I | 88,389 |
| Alevizos I | 84,875 | Armas Enriquez A T | 76,928 | Barber L | 224,174 |
| Ali K R | 78,691 | Armstrong B | 409,613 | Barc J | 217,179 |
| Ali M B | 416,382 | Armstrong S (3) | 745,275 | Bard R J | 249,628 |
| Allan D R(3) | 528,939 | Arneja A S | 358,368 | Baria K | 324,010 |
| Allan R R | 418,569 | Arneja J | 387,666 | Barker J L | 193,733 |

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2007

| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Barker M F | 395,690 | Blouw R H | 272,580 | Brodovsky D M | 82,011 |
| Barnes E B | 209,076 | Blydt-Hansen T D | 50,663 | Brodovsky S C | 582,449 |
| Barnes W R | 86,540 | Blyth S | 307,338 | Brooker G | 278,413 |
| Baron C M | 228,124 | Bock G | 181,022 | Brown R | 272,957 |
| Baron K | 304,472 | Boguski G | 70,814 | Brown R E | 258,125 |
| Barron L W | 57,209 | Bohemier Janelle | 77,597 | Brownell L | 186,958 |
| Bartlett L C | 182,979 | Bohemier Joel | 90,400 | Bruce K | 54,539 |
| Basson H J | 273,622 | Bohemier Roland E | 51,541 | Bruneau M R | 253,487 |
| Battad A B | 105,431 | Bohm C J | 283,881 | Brunt M | 71,992 |
| Bay T | 209,398 | Bohm E R | 355,114 | Bryski L M | 65,589 |
| Baydock B | 86,983 | Bolton D R | 324,678 | Bshouty Z | 117,712 |
| Beauchamp D N | 192,708 | Bolton J M S | 122,068 | Buchel E W | 571,757 |
| Becker A | 173,179 | Book B H | 62,324 | Buchik G M | 141,746 |
| Becker M | 66,839 | Bookatz B J | 256,992 | Bueddefeld H D | 270,834 |
| Beckstead J E | 129,836 | Booth F | 90,437 | Buenafe J | 285,161 |
| Bedder P | 293,587 | Booy H | 299,767 | Bueti G | 513,307 |
| Bedi B | 206,422 | Borley J | 98,675 | Buksak L A | 107,711 |
| Beeston C | 171,103 | Boroditsky A | 60,884 | Bullen S A | 103,858 |
| Beldavs R A | 1,117,533 | Boroditsky M L | 414,428 | Bullock Pries K R | 126,152 |
| Bell D D | 75,134 | Boroditsky R S | 161,309 | Burke M E | 187,812 |
| Bellan L | 493,199 | Borrett G F | 291,620 | Burnell C D C | 515,976 |
| Benning H S | 627,550 | Bosma M A | 80,594 | Burnet N | 274,928 |
| Benoit A | 316,548 | Botha A | 137,408 | Burnett C J | 117,482 |
| Benshaban L | 63,864 | Botha D | 354,397 | Burnett M | 318,677 |
| Bereznay O | 304,011 | Boult I F(2) | 3,512,843 | Burnett Mairi | 195,040 |
| Bergen J | 249,688 | Bourdon N | 57,747 | Burtch D | 75,134 |
| Bergman E | 145,936 | Bourque C N | 352,708 | Butler N | 353,174 |
| Bergner H | 181,584 | Boustcha E | 189,831 | Calderon-Grande H E | 213,557 |
| Bermack B A | 472,911 | Bovell F M | 210,731 | Calhoun L L | 185,540 |
| Bernier M | 605,146 | Bow E | 91,866 | Cameron A I | 147,312 |
| Bernstein C N | 314,165 | Bowman M N | 81,393 | Cameron M R | 394,121 |
| Bernstein K(3) | 533,033 | Boyd A J | 131,390 | Campbell B | 137,708 |
| Bertsch A | 310,033 | Boyd K L | 156,524 | Campbell G | 287,644 |
| Best R L | 282,346 | Bracken J | 210,987 | Canadas L A | 184,587 |
| Bhagat A | 56,206 | Bracken J H | 288,565 | Caners D | 502,040 |
| Bhanot P | 186,348 | Bradley B D | 141,731 | Caners T | 77,132 |
| Bhayana R | 234,602 | Bradshaw C D | 158,425 | Cannon J E | 269,206 |
| Bhayana R K | 251,763 | Brandes L J | 135,989 | Cantor M J | 331,467 |
| Bhayana V | 122,196 | Bratu I | 174,408 | Caplan A H | 300,241 |
| Biala B | 228,543 | Braun E | 222,224 | Caplan D C | 188,461 |
| Billinkoff E N | 284,796 | Braun J | 226,783 | Cappellani R B | 250,532 |
| Bilos R J | 185,639 | Braun K Y | 117,781 | Carpenter N | 360,813 |
| Birt D | 420,272 | Breckman D K | 324,047 | Carson J B | 338,364 |
| Bishay F S | 150,331 | Breckman G L | 144,576 | Cartagena R A | 386,636 |
| Bissonnette A | 363,906 | Brennan G D | 152,261 | Carter R | 101,300 |
| Black D R | 291,806 | Bretecher G | 474,010 | Casey A R | 225,788 |
| Black G B | 174,061 | Breytenbach H A | 193,865 | Caswell B | 80,149 |
| Blakley B W | 237,635 | Bright R C | 205,600 | Cavallo D | 241,448 |
| Blank A | 163,092 | Broda R J | 209,554 | Cavers K J | 233,293 |

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2007

| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Chan E L | 272,206 | Cordova J L | 201,213 | De Wit C F | 283,166 |
| Chan J | 60,627 | Corne S I | 394,858 | De Wit S L | 439,974 |
| Chan J J | 296,752 | Corner F D | 51,448 | Dean H | 64,568 |
| Chan L H | 116,874 | Coueslan G W(2) | 945,688 | Debrouwere R G | 347,341 |
| Chan P | 103,928 | Cowan D J | 430,191 | Decter D | 416,202 |
| Chan T | 236,588 | Cowden E | 177,892 | Delaive M | 173,647 |
| Chapman S D | 323,927 | Coyle S J | 163,020 | Demsas H | 256,513 |
| Chapnick C | 182,448 | Craig D | 223,883 | Deonarine L | 479,625 |
| Chatel N L | 214,731 | Cram D H | 466,487 | Deong P J | 260,103 |
| Chenier D | 70,000 | Craton N | 71,134 | Derendorf B K | 200,865 |
| Chenier P | 65,597 | Crawford D | 244,516 | Desmarais G P | 128,332 |
| Cherian R | 72,732 | Cristante L | 677,412 | Desmond G H | 296,861 |
| Chernish G M | 57,464 | Cross H G | 69,107 | Deutscher R | 326,709 |
| Chimilar J D | 57,770 | Cross R | 279,224 | Dhalla S S | 1,154,790 |
| Chin D | 942,053 | Crust L J | 54,542 | Dhanjal P | 165,188 |
| Chiu O W | 450,098 | Cumming G | 85,183 | Dharamsi N | 85,897 |
| Cho P A | 341,030 | Cummings M L | 253,347 | Diamond H D | 390,015 |
| Chochinov A | 55,037 | Curran J B | 60,759 | Dias E M | 96,915 |
| Chochinov P H | 270,913 | Czaplinski J E | 120,916 | Dickieson A W | 122,459 |
| Chodirker B N | 157,023 | Czaplinski K | 251,986 | Dillon J D | 372,584 |
| Choptiany R B W | 187,510 | Czarnecka M M | 179,780 | Dillon L G | 62,701 |
| Choptiany T I | 418,308 | Czarnecki W (1) | 493,331 | Diocee R | 55,137 |
| Chow C | 356,681 | Czaykowski P M | 124,078 | Dionne C | 352,050 |
| Chow M | 54,267 | Da Silva H | 71,840 | Dissanayake D | 255,052 |
| Christodoulou C C | 397,803 | Da Silva L M | 296,426 | Divekar A A | 180,050 |
| Chudley A E | 87,932 | Dabrowski P T | 291,850 | Dizon A M | 145,314 |
| Chung L | 466,784 | Daeninck P J | 87,756 | Doak G J | 245,565 |
| Cisneros N | 315,760 | Dakshinamurti S S | 202,505 | Docking L M | 66,619 |
| Clark M A | 132,021 | Dalling G N | 235,858 | Doermer E | 371,459 |
| Clark S G | 261,195 | Dandekar A S | 251,476 | Doerr J J | 265,837 |
| Clark S M | 133,107 | Dang T H | 289,395 | Dolynchuk K N | 230,097 |
| Clayden G | 456,291 | Daniels V | 143,000 | Dominique F | 318,308 |
| Cleghorn S | 668,419 | Darczewski I | 262,545 | Domke H | 220,285 |
| Coates K R | 345,279 | Dashefsky S M | 337,156 | Domke O | 99,740 |
| Cochrane D | 64,081 | Davey M | 304,375 | Domke S | 240,712 |
| Cohen B A | 314,747 | Davey R J | 279,514 | Dookeran R | 304,679 |
| Cohen M | 175,654 | David M F | 376,636 | Dornn B | 58,459 |
| Cohen M A | 88,390 | Davidson J M | 771,166 | Doroshenko S | 53,712 |
| Collison L M | 227,036 | Davis M H | 368,894 | Doucet P M | 214,969 |
| Collison S | 91,551 | Davis M O | 331,266 | Dowhanik M A | 105,647 |
| Collister C W | 360,309 | Davloor R | 247,499 | Dowhanik P B J | 70,303 |
| Connelly P | 55,647 | Day M | 74,853 | Downs A C | 270,295 |
| Connor D | 654,250 | De Groot W | 56,776 | Doyle E | 142,573 |
| Connor D H | 96,335 | De Klerk T | 126,191 | Doyle J | 245,973 |
| Connor G T | 169,430 | De Korompay V | 401,489 | Drachenberg D E | 480,095 |
| Consunji-Aranet R | 149,967 | De Moissac P C | 216,132 | Dressler G R | 77,283 |
| Corbett C | 229,918 | De Muelenaere P | 760,498 | Drew E | 70,038 |
| Corbett R P | 73,082 | De Rocquigny A J | 496,265 | Drexler J | 438,333 |
| Corder D | 200,495 | De Wet J | 175,483 | Dreyer C | 52,469 |

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2007

| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Drobot G R | 194,417 | Embree J E | 65,311 | Fourie H | 187,953 |
| Du Plessis N | 153,286 | Emelianova S | 105,938 | Fourie T | 331,049 |
| Du Plooy J | 382,472 | Emery C | 145,344 | Fox J D | 120,385 |
| Du Toit L L | 116,582 | Eng S | 266,767 | Frame H | 249,199 |
| Dubberley J | 303,816 | Engel C | 380,201 | Francois J M G | 53,774 |
| Dubyna D | 426,723 | Engel J S | 475,253 | Fraser D B | 68,195 |
| Ducas D A | 91,456 | Engel M | 67,198 | Fraser M B | 242,186 |
| Ducas J | 518,706 | Engelbrecht J F | 216,838 | Fraser V H | 267,852 |
| Ducheck D L | 54,316 | Engelbrecht S | 275,126 | Fraser-Roberts D L | 124,801 |
| Dueck D | 190,692 | Enns J P | 416,850 | Frechette C | 101,637 |
| Duerksen C | 353,970 | Enns M W | 81,832 | Frechette M | 147,245 |
| Duerksen D R | 417,887 | Erhard P | 267,567 | Frechette S C | 370,348 |
| Duerksen F | 66,740 | Eschun G M | 161,035 | Frederick D V | 69,303 |
| Duerksen K | 72,165 | Eshghi Esfahani F | 325,717 | Fredette P | 205,114 |
| Duerksen M T | 319,885 | Esmail A | 391,492 | Freedman J I | 433,911 |
| Duff B D | 154,204 | Esquivel A | 336,033 | Friesen J | 419,008 |
| Duffy G | 248,489 | Esser C M | 68,829 | Friesen J A | 69,469 |
| Duggal K C | 133,764 | Ethans K D | 83,251 | Friesen K L | 184,680 |
| Duke P C | 169,822 | Evans M J | 84,634 | Froese W | 341,147 |
| Duncan S J | 360,774 | Ewert F J | 316,860 | Frohlich A M | 350,740 |
| Dunford D A | 53,095 | Fair S E | 146,623 | Fuchs G R | 367,357 |
| Dupont J O (4) | 778,194 | Falconer T | 57,242 | Fung H | 329,157 |
| Duval R | 173,558 | Farmer R C | 303,003 | Furuiye H | 161,453 |
| Dyck D R(2) | 463,986 | Fast M D | 506,274 | Fuzeta G | 157,905 |
| Dyck G H | 484,666 | Fatoye A | 71,702 | Gabriel M | 218,917 |
| Dyck M P | 133,358 | Feasey D | 99,529 | Galenzoski K J | 245,418 |
| Eaglesham H(2) | 997,422 | Feierstein M | 214,638 | Galessiere P F | 487,337 |
| Earle L | 83,893 | Ferguson D A | 57,133 | Galimova L | 300,865 |
| Ebbeling-Treon L | 240,332 | Ferrari J K | 87,830 | Gall R M | 398,213 |
| Edworthy J L | 60,845 | Fine A(3) | 881,994 | Gallagher K | 146,564 |
| Egan M M | 232,178 | Finlayson N A | 153,045 | Garba S | 480,697 |
| Egey-Samu Z | 61,437 | Finney B A G | 184,937 | Garber L | 379,919 |
| Eggertson D | 268,108 | Fisher M | 100,169 | Garber P J | 192,435 |
| Eisenstat J | 52,584 | Fishman L | 329,895 | Gard M A | 220,862 |
| Ekins M B | 215,185 | Fitzgerald M | 211,589 | Gard S | 269,397 |
| El-Gabalawy H S | 102,524 | Fjeldsted F H | 320,343 | Garip S M | 185,248 |
| El-Sabawy M F | 199,688 | Flattery P M | 190,922 | Gauthier S W | 117,190 |
| Elahiyoun K | 52,078 | Fleisher M L | 108,863 | George R H | 105,402 |
| Elbardisy N | 329,874 | Fleisher W P | 96,114 | Gerber J D W | 255,747 |
| Eleff M K | 153,093 | Fleming F L | 155,071 | Gerstner T V | 350,206 |
| Elhefnawi E | 430,613 | Fletcher C W | 253,535 | Gertenstein R J | 332,415 |
| Elias K | 287,039 | Foerster D R | 341,560 | Giannouli E | 242,065 |
| Eliasson T E | 147,835 | Foerster J | 64,536 | Giesbrecht D R | 327,465 |
| Elkin J | 282,584 | Fogel R B | 103,259 | Giesbrecht J E | 149,382 |
| Elkin M | 136,694 | Fong H | 335,962 | Giles B L | 58,798 |
| Elkin M S | 308,400 | Fonger J D | 105,266 | Gill E | 240,729 |
| Elliott J | 178,692 | Fontigny N J | 295,210 | Gillespie B | 732,085 |
| Elves E | 530,691 | Fotti S A | 93,144 | Gillespie J L | 207,369 |
| Embil J M A | 401,252 | Fougere G A | 75,079 | Gingerich R | 55,082 |

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2007

| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Girard J | 356,696 | Gupta C K | 415,153 | Helewa M E | 398,730 |
| Glacken R P | 280,635 | Gupta D K | 712,684 | Helms J B | 451,877 |
| Glenn D M | 122,462 | Guzman R | 603,551 | Henderson B | 196,391 |
| Glezerson G | 355,437 | Gwozdecki T M | 266,723 | Henderson C | 61,015 |
| Globerman D J | 198,909 | Ha F T | 206,870 | Henderson L P | 111,949 |
| Glover P G | 54,034 | Haberman C J | 290,924 | Henry D W | 235,164 |
| Gobeil J J G | 98,499 | Hadi H | 70,136 | Herd A | 59,255 |
| Godlewski W | 514,400 | Haggard G G | 276,794 | Herman G | 73,148 |
| Goerz P G | 176,459 | Hahlweg K A | 139,083 | Hershberg D M | 203,125 |
| Goldberg N | 369,388 | Hai M A | 311,525 | Hershfield E S | 148,804 |
| Goldenberg D | 441,685 | Haiart D C | 358,747 | Hiebert T | 78,756 |
| Goldman B L | 52,180 | Hajidiacos N | 211,516 | Hildahl C | 440,731 |
| Gomori A J | 242,512 | Haligowski D | 257,851 | Hildahl W | 58,723 |
| Gonzalez-Pino F | 193,451 | Hall A D | 231,910 | Hilderman L | 175,494 |
| Gooi T H | 727,302 | Hall B A | 59,999 | Hildes Ripstein G E | 113,749 |
| Gooi T L | 772,893 | Hall P F | 80,500 | Hitchon C | 160,601 |
| Goossen M | 524,413 | Hallatt D | 141,055 | Hlynka A | 301,047 |
| Goossen R | 56,554 | Hamedani R | 364,303 | Hobbs C L | 63,217 |
| Gordon J | 382,826 | Hameed K A | 319,341 | Hobson D E | 385,928 |
| Gordon W L | 70,407 | Hamideh F | 428,243 | Hochman D J | 154,471 |
| Gorski B A | 470,781 | Hamm R C | 224,904 | Hodge S A | 515,589 |
| Gould L F | 366,359 | Hammond G W | 117,101 | Hoeppner W T | 173,507 |
| Govender P | 309,853 | Hancock B J | 206,728 | Hoff H R | 163,369 |
| Goytan M J | 373,519 | Hanlon-Dearman A C | 105,179 | Holder F | 285,801 |
| Grabowski J L | 354,618 | Hanna N | 178,471 | Holland-Muter E | 178,266 |
| Grace K J | 199,524 | Hanna P | 154,122 | Hollingworth S | 56,167 |
| Graham C P | 193,345 | Hansen J G | 70,743 | Holmes C | 138,125 |
| Graham K | 284,027 | Harati O A H | 65,955 | Holroyd D | 50,778 |
| Graham M R | 246,987 | Hardy B | 456,291 | Holt S C | 193,144 |
| Graham R | 97,547 | Haresha A | 97,257 | Homik L | 645,380 |
| Grass S B | 201,866 | Harley M J | 64,925 | Honiball J J | 319,365 |
| Graves D F | 130,647 | Harms S | 401,756 | Hooper W M | 233,048 |
| Gray C | 231,176 | Harrington J | 151,163 | Horne D | 303,212 |
| Gray M G | 270,268 | Harris P | 801,845 | Horton J | 132,932 |
| Greenberg C R | 75,154 | Harrison W D | 344,579 | Horvath J F | 148,884 |
| Greenberg H M | 198,067 | Hartley D M | 315,247 | Hosegood G | 72,427 |
| Greene R E | 180,779 | Hasan M | 69,206 | Hosking D | 460,872 |
| Gregoryanz T | 227,853 | Hashmi S | 201,654 | Houston D S | 56,204 |
| Grenier D | 127,864 | Hassan W F | 210,391 | Howden W A | 320,612 |
| Greyling J | 150,443 | Hawaleshka A | 227,349 | Hoy C S | 78,799 |
| Griffin P | 190,696 | Hawkins R | 110,161 | Hoy G J | 163,286 |
| Griggs G | 248,045 | Hayakawa T E | 550,291 | Hoy M L | 145,640 |
| Grimes R B | 178,238 | Haydey R P | 550,177 | Hrabarchuk B | 326,624 |
| Grobler W P | 262,398 | Hayward R J | 470,693 | Huebert D M | 432,140 |
| Groenewald L H | 120,816 | Hechtenthal N | 285,638 | Huebert H T | 125,068 |
| Groves L | 277,520 | Hedden D R | 537,828 | Hughes P M | 187,620 |
| Grzywacz E B | 62,684 | Hedden J R | 166,033 | Humphreys K M | 232,567 |
| Gudmundson C | 315,569 | Heese H | 86,441 | Hurst L D | 378,481 |
| Guijon F B | 220,941 | Heidenreich W | 164,897 | Husarewycz S | 438,153 |

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2007

| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Hussain F | 610,697 | Jolly K S | 417,201 | Khan A H | 370,043 |
| Hussain M I | 536,330 | Joshi C N | 83,968 | Khan N M | 368,872 |
| Hutfluss G J | 411,824 | Joshi D A | 111,307 | Khandelwal A S | 332,104 |
| Hyman J R | 149,591 | Joshi J N | 338,147 | Khangura D | 201,396 |
| Hynes A F | 119,506 | Joshua J M | 213,273 | Khelil A I | 297,025 |
| Ibbitt C J | 246,778 | Joundi M G | 275,446 | Khusi S | 242,092 |
| Ibrahim M | 110,812 | Jovel R E | 164,644 | Kimelman A L | 113,822 |
| Ibrahim M S | 527,617 | Jowett A | 323,701 | Kindle G F | 409,647 |
| Ilchyna D C | 290,910 | Junaid A | 252,246 | King T D | 57,627 |
| Iliffe G D | 196,080 | Kabani A M | 279,397 | Kinnear D | 267,355 |
| Ilnyckyj A | 200,393 | Kadambi D R | 103,690 | Kinsner J M | 173,918 |
| Ilse W K | 216,962 | Kaethler W | 163,933 | Kippen R N | 283,409 |
| Imam I E B | 137,823 | Kahanovitch D | 321,498 | Kirkpatrick I D C | 283,103 |
| Ingimundson J C | 189,145 | Kaita K D E | 224,077 | Kirshner A | 257,521 |
| Inglis D | 403,889 | Kalansky G | 119,153 | Kish S L | 187,818 |
| Ingram P F | 212,779 | Kalicinsky C | 235,485 | Kisil D | 69,711 |
| Intrater H | 266,763 | Kalturnyk B P | 98,259 | Klaponski S | 108,395 |
| Ip A | 292,144 | Kania J | 633,718 | Klassen D H | 229,901 |
| Iqbal B | 83,341 | Kanji R | 282,481 | Klassen L J | 124,898 |
| Irving J E | 311,249 | Kaplan J | 78,122 | Klassen N F | 275,289 |
| Isaac C | 193,627 | Kaprowy R | 170,735 | Klassen O | 167,310 |
| Isaacs R L | 276,971 | Karlicki F | 416,010 | Kliewer K | 254,254 |
| Iskander S S G | 89,550 | Karpinski M E | 225,743 | Klippenstein N L | 524,817 |
| Israels S J | 64,882 | Karvelas J | 183,489 | Kluke C | 59,336 |
| Ivey J | 161,528 | Kashin R S | 50,079 | Klym K L | 95,758 |
| Jackson J H | 56,683 | Kashour T S | 302,163 | Knezic K A | 155,445 |
| Jacob V C | 847,616 | Kasper K D | 232,533 | Koczanski R | 166,893 |
| Jacobs J | 356,360 | Kassier K | 597,743 | Koensgen S J | 167,657 |
| Jacobsohn E | 97,255 | Kassum D | 71,703 | Koh C | 121,039 |
| Jaeger C | 237,872 | Kati A A | 243,606 | Kohanek F L | 72,429 |
| Jain M | 486,958 | Katz L | 156,985 | Kolt A M | 102,348 |
| Jain N K | 76,200 | Katz P | 175,716 | Koltek M M | 70,129 |
| James J M | 394,827 | Kaufman R | 121,967 | Komenda B W | 245,244 |
| Janani S S | 95,592 | Kaushal R D | 245,246 | Komosky J | 163,779 |
| Jason M | 269,997 | Kayler D E | 506,732 | Kong A M C | 257,747 |
| Jebamani S | 240,783 | Keddy-Grant J | 156,190 | Koodoo S R | 237,236 |
| Jenkinson D | 56,725 | Kehler T | 80,108 | Korol G | 346,502 |
| Jensen B | 70,405 | Kelleher B E | 158,511 | Kos G P | 55,583 |
| Jensen C W B | 170,845 | Kellen P | 224,949 | Kotecha Y | 351,663 |
| Jensen D M | 141,013 | Kellen R I | 613,498 | Koulack J | 608,188 |
| Johnson B | 254,993 | Kemkaran K | 180,969 | Kousonsavath R | 142,375 |
| Johnson C | 206,735 | Kepron W | 245,375 | Koven S | 164,892 |
| Johnson D | 462,409 | Kerr L | 108,381 | Kovnats S | 101,542 |
| Johnson E | 517,600 | Kerr P D | 353,545 | Kowalchuk I J | 299,669 |
| Johnson H | 120,064 | Kettler J J | 74,466 | Kowalski S | 233,275 |
| Johnson M G | 496,455 | Kettner A | 146,721 | Krahn C | 334,148 |
| Johnston C | 51,788 | Khaleifa A O | 195,816 | Krahn J | 305,019 |
| Johnston J B | 154,399 | Khalil I | 66,039 | Krahn M | 150,499 |
| Johnston J L | 160,167 | Khan A | 167,705 | Kramer M | 158,164 |

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2007

| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Kraut A | 105,243 | Lawrence P H | 627,393 | Lint D W | 92,425 |
| Kredentser J | 178,445 | Lazar M H | 342,826 | Lipinski G | 278,010 |
| Kredentser S | 221,134 | Le Roux B J | 81,802 | Lipnowski S | 591,938 |
| Kremer S | 101,014 | Le Roux C | 198,857 | Lipschitz J | 654,480 |
| Kreml J | 242,394 | Le Roux P C | 343,156 | Lipson A H | 192,416 |
| Krepart G | 362,523 | Leader E | 57,341 | Littleford J A | 197,961 |
| Kroczak T J | 275,697 | Lebedin W W | 378,549 | Lo E | 150,247 |
| Kroeker L R | 353,839 | Lecuyer N S | 132,116 | Loader K | 269,140 |
| Kroeker M A (2) | 2,799,337 | Lee B D | 87,909 | Lockman L E | 401,145 |
| Kroft C D L | 108,813 | Lee F F | 373,789 | Lodewyks G A F | 68,685 |
| Krongold I (2) | 957,140 | Lee G Q | 192,955 | Loepp C | 161,314 |
| Kruk R D | 291,320 | Lee H B | 186,707 | Lofgren S R | 132,652 |
| Kryger M | 162,536 | Lee J J Y | 571,132 | Logan A C | 489,281 |
| Krzyzaniak K M | 187,119 | Lee L | 122,966 | Loh C C | 137,273 |
| Kucheravy M | 50,062 | Lee S | 597,287 | Loiselle J A | 316,308 |
| Kucheravy T | 51,569 | Lee T J | 306,621 | Long A L | 868,177 |
| Kucparic P | 203,971 | Lee T W | 420,038 | Longstaffe A E | 299,712 |
| Kuegle P F X | 289,727 | Lee V K | 601,276 | Longstaffe S | 187,535 |
| Kumar A | 381,435 | Lee-Kwen J | 84,789 | Lopez G | 60,204 |
| Kuo C | 166,351 | Lee-Wing M W | 502,926 | Lorteau G | 55,059 |
| Kyeremateng D | 247,835 | Leen D A | 320,925 | Lotocki R J | 522,797 |
| Labella L | 141,590 | Lefevre G R | 354,361 | Loudon M | 237,447 |
| Lacerte M M | 135,920 | Lei B T C | 324,079 | Louw S | 54,521 |
| Lafontaine I(4) | 442,518 | Leicht R | 828,816 | Love H W | 71,311 |
| Lage K L | 173,218 | Leitao D J | 295,213 | Lowden C S | 346,472 |
| Lagowski M C | 178,595 | Lemoine G G | 186,410 | Lowther G H | 97,201 |
| Lam C C | 116,008 | Lemon K | 72,267 | Lu P B | 171,666 |
| Lam D S C | 150,114 | Lemon P W | 302,786 | Lucash S E | 167,078 |
| Lam H P | 570,790 | Lerner M | 121,150 | Lucman L L(1) | 590,967 |
| Lam W L | 157,896 | Lerner N | 303,695 | Lucman T S | 104,409 |
| Lamb J A | 116,887 | Leslie H | 62,868 | Lucy S | 351,874 |
| Lamba K S | 247,136 | Letkeman R C | 423,018 | Ludwig L | 165,215 |
| Lambert D A | 257,860 | Letts K | 67,444 | Ludwig S | 204,570 |
| Lambrechts H | 209,430 | Leung W M | 78,043 | Luk T L | 272,393 |
| Lander M | 103,005 | Leung Shing L P | 216,246 | Lukie B J | 310,925 |
| Lane E S | 269,162 | Levesque J | 51,267 | Lum Min S | 62,725 |
| Lane M A | 93,666 | Levi C S | 375,132 | Lyons E A | 441,323 |
| Lang C | 276,436 | Levin B L | 442,445 | Lysack A M | 408,272 |
| Langan J T | 433,781 | Levin H | 285,432 | Lysack D A(2) | 336,737 |
| Langridge J K | 281,591 | Levy S B | 217,703 | Mabin D | 467,901 |
| Large G | 255,034 | Lezack J D | 355,751 | MacDiarmid A L | 177,894 |
| Larue L B | 169,393 | Li W | 203,111 | MacDonald N | 278,385 |
| Lategan B | 237,219 | Lieberman D K | 275,140 | MacDonald P | 309,877 |
| Latosinsky S | 272,259 | Lindenschmidt R | 254,850 | MacDougall B | 196,687 |
| Lau Y | 354,847 | Lindquist L(2) | 488,036 | MacDougall E | 146,493 |
| Laurencelle R | 77,419 | Lindsay D | 70,486 | MacDougall G | 413,496 |
| Lautatzis M(2) | 546,065 | Lindsay D J | 849,051 | Maceachern N | 275,818 |
| Lautenschlager E | 75,676 | Lindsay G M | 320,418 | Macek R K W | 150,469 |
| Lavallee B | 169,180 | Lines A J | 54,185 | MacFarlane C | 52,747 |

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2007

| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Macintosh E L | 319,774 | Maxwell B | 105,054 | Mills B J | 120,756 |
| Mackay M J | 89,405 | Maxwell I | 360,740 | Milner J F | 592,758 |
| Mackay Michael J | 82,105 | Mayba I I | 205,257 | Milner T G | 478,347 |
| MacKenzie G S | 208,142 | Mayba J I | 575,573 | Mina M M F | 150,779 |
| MacKenzie S K | 141,974 | Maycher B | 860,982 | Minish T M | 119,742 |
| Macklem A K | 365,393 | McCammon R J | 167,847 | Mink S | 149,857 |
| MacLeod B A | 220,699 | McCarthy G F | 731,670 | Minnaar J | 260,483 |
| MacMahon R | 258,293 | McCarthy T G | 511,368 | Mintz S L | 72,829 |
| MacMillan M B | 269,012 | McClarty B | 652,521 | Minuk E | 144,943 |
| Macrodimitris A G | 160,971 | McConnell M | 283,821 | Minuk G | 54,992 |
| Magerman E W | 120,878 | McCusker P | 51,166 | Miranda G | 53,868 |
| Maguire D | 407,067 | McDonald H D | 308,533 | Mis A A | 383,821 |
| Maharaj C | 89,970 | McDowell J D | 52,246 | Miskiewicz L M | 108,605 |
| Maharaj G R | 248,670 | McFadden L R | 310,381 | Moddemann D | 156,277 |
| Maharaj I G | 291,163 | McGinn G | 721,726 | Mohamdee J F | 171,950 |
| Maharajh D A | 137,572 | McGregor B | 123,958 | Mohamed A S | 156,962 |
| Mahay R K | 411,928 | McIntyre I L | 264,701 | Mohamed M A M | 63,560 |
| Maier J C | 246,803 | McKenzie T | 286,599 | Mohammed I | 277,294 |
| Maier R J | 128,358 | McKiernan B | 311,977 | Moharib N | 74,634 |
| Major P(2) | 739,499 | McLeod J K | 229,992 | Moller E E | 86,922 |
| Maksymiuk A W | 103,494 | McNaught J | 113,560 | Moller P R | 309,167 |
| Malabanan E | 368,019 | McNeill A M | 247,382 | Moltzan C | 147,002 |
| Mallick K C | 756,248 | McPhee J | 124,309 | Momoh J T | 532,447 |
| Maloka N | 67,287 | McPherson J A M | 197,561 | Moncek J A | 391,466 |
| Mamogobo C | 63,069 | McTaggart D L | 178,037 | Monkman L M | 121,110 |
| Manishen W J | 325,264 | McTavish W G | 249,547 | Monson R C | 238,792 |
| Manness R C | 229,855 | Medd T M | 56,907 | Monteiro G E | 311,267 |
| Manswell C B | 260,574 | Mehta A | 161,682 | Montgomery P | 210,327 |
| Manusow D | 364,171 | Mehta P G | 417,245 | Montoedi J | 350,467 |
| Marais F | 249,969 | Mellon A M | 390,830 | Moore R F | 111,362 |
| Marantz J | 113,234 | Menard S L | 362,340 | Moran De Muller K | 498,213 |
| Mare A C | 280,242 | Menkis A H | 196,010 | Morgan T R | 348,045 |
| Margolis N | 338,053 | Menticoglou S | 636,819 | Morier G S | 115,212 |
| Marles S L | 61,970 | Menzies R J | 471,591 | Moroz S P | 85,703 |
| Marsh D W | 212,670 | Mercier N | 150,024 | Morris A L | 259,931 |
| Martens M D | 80,256 | Mestdagh B E | 118,862 | Morris G S | 223,947 |
| Martens R | 244,044 | Mestdagh R J | 92,314 | Morris M | 169,161 |
| Martens Barnes C | 138,299 | Meyrowitz D | 361,052 | Morton P G D | 152,734 |
| Martin A G | 61,508 | Mhanni A | 75,458 | Mostert F | 185,175 |
| Martin D | 95,173 | Mian M T | 211,843 | Mould S M | 168,263 |
| Marx T | 299,631 | Micflikier A B | 1,439,241 | Mowat G | 162,215 |
| Maslow K D | 510,356 | Milambiling E M | 372,493 | Mowchun L | 75,602 |
| Matas M | 117,528 | Milambiling L C P | 260,658 | Mowchun N | 284,302 |
| Mathen M K | 638,829 | Miller A | 101,931 | Mshiu M | 172,633 |
| Mathew G | 295,058 | Miller D L | 160,210 | Muirhead B | 246,770 |
| Mathieson A L | 278,421 | Miller D M | 355,582 | Mulhall D | 56,197 |
| Mathison T L | 133,334 | Miller L | 299,112 | Muller J G | 62,718 |
| Matsubara T K | 299,696 | Miller M | 561,312 | Muller T | 341,511 |
| Matthew T | 309,575 | Miller T L | 195,939 | Muller Delgado H A | 286,698 |

## Manitoba Health Services Insurance Plan
## The Public Sector Compensation Disclosure Act
### Schedule of Payment for Fiscal Year Ended March 31, 2007

| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Muncner A | 125,895 | Olson R L | 193,453 | Penner S B | 229,784 |
| Muncner P | 138,235 | Olweny C L | 66,677 | Penrose M | 342,914 |
| Mundle S | 63,893 | Olynyk F | 122,312 | Perkins G | 81,082 |
| Murray E | 57,412 | Omelan C K | 122,274 | Perlov J | 163,354 |
| Murray G G | 50,201 | Omichinski L M | 359,579 | Permack S | 236,517 |
| Murray K | 481,918 | Ong B Y | 412,696 | Perrett M | 88,438 |
| Muruve G N | 323,360 | Ong G H | 333,253 | Peschken C | 89,628 |
| Mutch W A C | 148,719 | Onotera R | 264,041 | Peters D | 339,629 |
| Mutter T C | 153,190 | Onyshko D J | 248,003 | Peters H | 298,741 |
| Myers W E | 488,426 | Ormiston J D | 315,524 | Peters H O | 203,069 |
| Mymin D | 96,037 | Orr P | 135,008 | Peters R J | 150,663 |
| Mysore M | 311,775 | Osler F G | 286,984 | Peters S M | 56,905 |
| Nachtigal H | 59,420 | Ospina-Ordonez J A | 106,586 | Peterson C | 134,815 |
| Nagaria M | 157,157 | Pachal C A | 186,243 | Peterson J | 275,240 |
| Nagaria N | 174,541 | Pacin A | 201,639 | Petkau A | 135,075 |
| Naidoo J(1) | 9,293,921 | Pacin O | 296,274 | Pettinger C S | 204,464 |
| Naidoo S P(1) | 4,532,174 | Pacin S | 276,951 | Philipp R K | 582,363 |
| Nair U K | 392,548 | Padeanu D | 84,536 | Pickard K | 136,644 |
| Narrandes R | 192,241 | Padeanu F T | 194,875 | Pickering B | 354,913 |
| Narvey E B | 62,220 | Padua R N | 314,206 | Pierce G W(2) | 551,110 |
| Nason R W | 305,703 | Padua R R | 200,598 | Pieterse W | 179,057 |
| Naugler S | 350,825 | Paetkau D | 292,722 | Pieterse W | 356,493 |
| Nause L N | 220,161 | Palaschuk G P | 50,041 | Pilat E J | 252,007 |
| Navaratnam S | 61,258 | Palatnick W | 52,061 | Pilkey B D | 335,258 |
| Nazar-Ul-Iman S | 232,519 | Panaskevich T | 400,133 | Pillay P G | 291,527 |
| Nelko S | 55,085 | Pandey A K | 66,051 | Pinder M | 229,463 |
| Nell A M | 410,196 | Pang E G | 57,386 | Pinette G D | 164,874 |
| Nemeth P | 289,191 | Papegnies D | 57,924 | Pinniger G W | 203,458 |
| Nepon J | 337,008 | Paquin R W(2) | 1,124,338 | Pintin-Quezada J | 383,723 |
| Neufeld H | 113,510 | Parham S M | 270,524 | Pirzada M A | 321,577 |
| Newman F | 231,760 | Parker K R | 230,118 | Pittman P | 158,324 |
| Newman S | 207,208 | Partap N A | 155,133 | Plueschow M | 50,247 |
| Nguyen H | 313,033 | Partridge G | 74,572 | Podolsky G R | 156,371 |
| Nguyen K M | 251,538 | Pascoe E A | 448,253 | Poettcker R J | 254,324 |
| Nguyen L | 325,677 | Paskvalin M | 118,434 | Polimeni C | 128,309 |
| Nguyen M H | 355,259 | Pasterkamp H | 113,166 | Polimeni J O | 112,778 |
| Nicolle L E | 192,515 | Patel Jayshree | 78,831 | Pollock B | 477,397 |
| Nigam R | 414,611 | Patel Leena R | 359,198 | Poon W W C | 252,836 |
| Nkosi J E | 120,815 | Patel Praful C | 555,177 | Popoff D | 128,127 |
| Noel C | 614,795 | Patel Pravin C | 536,658 | Popowich S | 228,194 |
| Nugent L M | 328,332 | Patel R C | 473,719 | Pops H | 51,745 |
| Nyomba B L | 153,357 | Patel S V | 229,141 | Possia C | 59,488 |
| O'Hagan D B | 285,949 | Pauls M A | 56,056 | Postl B | 62,131 |
| O'Keeffe K M | 211,240 | Pawlak J | 125,657 | Potoski J P | 414,524 |
| O'Sullivan M J | 275,501 | Peabody D | 145,959 | Prakash D | 142,290 |
| Ochonska M | 374,474 | Pederson K | 61,101 | Prasad B | 203,684 |
| Oen K G | 90,670 | Pelissier R | 92,097 | Preachuk C T J | 55,172 |
| Ogaranko C P | 105,568 | Penner K | 164,766 | Prenovault J | 283,610 |
| Olafson K | 50,794 | Penner L R | 87,555 | Pretorius A | 292,667 |

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| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Pretorius L L | 71,498 | Ridah D | 105,861 | Rust L | 86,578 |
| Price J | 210,988 | Rigatto C | 488,129 | Rutherford B E | 65,509 |
| Prinsloo J | 251,410 | Ringaert K | 208,430 | Ryall L A | 68,802 |
| Pritchard P | 70,077 | Riordan P | 149,417 | Ryckman B A | 203,280 |
| Prober M A | 216,048 | Ripstein I | 90,398 | Saad N | 60,847 |
| Prodan O | 235,246 | Ritchie B A | 313,647 | Saadia R | 219,711 |
| Psooy K J | 89,475 | Ritchie J | 131,417 | Sabeski L M | 339,991 |
| Putnins C | 147,573 | Rivas J H | 63,535 | Sachdeva R K | 139,599 |
| Puttaert D | 100,565 | Rivkin B | 75,770 | Sadri D | 251,680 |
| Pymar H C | 202,077 | Roberts J R | 287,308 | Saettler E | 183,831 |
| Quan W | 300,847 | Roberts M | 67,712 | Salamon E | 515,147 |
| Quesada R | 261,922 | Robertson G A | 135,877 | Salem F | 493,241 |
| Raabe M A | 582,133 | Robillard S C | 151,395 | Salter-Oliver B A | 105,022 |
| Rabson J L R | 1,021,084 | Robinson A L | 66,984 | Sam D | 54,943 |
| Racette T | 119,911 | Robinson C C | 224,442 | Sami S | 181,330 |
| Rafeeq B | 103,197 | Robinson D B | 239,965 | Samuels E R | 135,875 |
| Rafiq M | 202,097 | Robinson D J | 345,032 | Sanders R W | 134,086 |
| Rahman J | 244,327 | Robinson J | 478,351 | Sandhu S S | 141,970 |
| Rahman M | 117,485 | Robinson W | 333,054 | Saran K D | 194,233 |
| Raimondi C | 108,427 | Rocha G | 912,828 | Saranchuk J W | 272,240 |
| Raizen M | 106,856 | Roche G | 187,129 | Sareen J | 104,776 |
| Rajani K R | 537,921 | Roe B E | 104,742 | Sareen S | 385,394 |
| Ramadan S I | 123,788 | Rogozinska L | 446,427 | Sarlas E | 95,665 |
| Ramaya S | 293,227 | Rolls R E | 179,233 | Sathya P | 50,168 |
| Ramgoolam R | 369,250 | Ronald A R | 53,816 | Saunders C G(2) | 1,163,047 |
| Ramsay J A | 88,501 | Rosenberg R J | 51,544 | Saunders K | 162,986 |
| Ramsey C D | 103,167 | Rosenthal P | 184,506 | Savage B | 272,437 |
| Randolph J L | 75,103 | Ross F J | 230,294 | Sawyer J A | 346,739 |
| Rao K B | 475,787 | Ross F K | 99,863 | Sawyer S K | 57,961 |
| Raubenheimer J P | 302,374 | Ross J F | 650,579 | Scatliff J | 292,279 |
| Rehal R S | 344,583 | Ross L L | 374,926 | Schachter M A | 117,568 |
| Rehsia D | 736,814 | Ross T K | 83,740 | Schacter B A | 61,544 |
| Reid G J | 340,588 | Rossouw J(1) | 600,757 | Schaeffer D | 78,410 |
| Reimer D J | 418,436 | Rothova A | 266,855 | Schaub J C | 130,409 |
| Reimer D K | 257,699 | Roussin B C | 166,358 | Schellenberg D | 97,769 |
| Reimer H | 294,607 | Roux J G | 238,420 | Schellenberg J D | 252,057 |
| Reimer M B | 231,359 | Rowe R C | 114,047 | Schellenberg W C | 391,854 |
| Reinecke M | 75,015 | Roy D | 135,552 | Schledewitz I L | 84,227 |
| Reiss J P | 76,970 | Roy M | 132,140 | Schmidt B J | 99,469 |
| Rempel R G | 139,914 | Roy M J | 175,994 | Schneider C E | 342,633 |
| Renner E | 137,212 | Rubinger M | 104,694 | Schroeder A N | 260,358 |
| Rennie W R J | 90,143 | Rubinstein E | 114,253 | Schur N K | 390,891 |
| Renouf F | 267,601 | Ruddock D L | 314,807 | Schwartz L D | 218,311 |
| Reslerova M | 591,499 | Rumbolt B R | 278,653 | Scott J | 474,358 |
| Reyneke A | 303,395 | Rusen J B | 281,727 | Scott-Herridge G | 52,602 |
| Rice P | 245,039 | Rush D N | 117,873 | Seager M J | 391,859 |
| Rich A D | 248,303 | Rush N O S | 195,724 | Seftel M D | 95,086 |
| Richardson C J | 287,674 | Rusnak B | 209,558 | Segstro R J | 243,732 |
| Riche B (3) | 565,203 | Rust G | 72,599 | Seifer C M | 233,243 |

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| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Seifer R | 84,965 | Singh A | 301,863 | Stoffman J M | 68,029 |
| Seitz A R | 251,893 | Singh G B | 415,359 | Stone J D | 372,175 |
| Selaman M H | 164,319 | Singh H | 260,208 | Storoschuk G W | 251,102 |
| Sellers E | 71,739 | Singh J | 85,060 | Storsley L J | 97,382 |
| Sen R | 175,446 | Singh M | 313,013 | Stoykewych A A | 95,622 |
| Senderewich E C | 155,925 | Singh S | 57,584 | Strumpher J | 51,718 |
| Sethi K | 139,381 | Sinha M | 317,405 | Sud A K | 689,712 |
| Sethi S | 328,940 | Sinha S N | 525,201 | Sullivan M | 95,675 |
| Sett S | 64,017 | Sippy R | 135,136 | Suski L | 64,668 |
| Sevilla J A | 70,298 | Skakum K K | 171,194 | Susser M | 209,064 |
| Sewell G | 120,479 | Skead L | 402,437 | Sutherland D E | 139,859 |
| Shabash O M | 223,167 | Sloan G | 180,015 | Sutherland E N | 206,139 |
| Shah A | 220,488 | Smart J R A | 296,020 | Sutherland J G | 176,197 |
| Shah B | 336,310 | Smil E | 216,014 | Sutherland S | 191,681 |
| Shah N | 73,945 | Smith D D | 160,530 | Sutter J A | 316,815 |
| Shaikh N | 135,213 | Smith H W E | 472,866 | Sutton I R | 345,906 |
| Shane F | 135,825 | Smith L F | 486,530 | Svorkdal N J | 103,068 |
| Shane M | 342,753 | Smith R G | 302,512 | Swain V J | 83,054 |
| Sharif M N | 437,535 | Smith R W | 247,692 | Swartz J | 113,678 |
| Shariff F K | 159,479 | Snovida L | 195,947 | Sweetland R | 86,677 |
| Sharkey J B | 374,526 | Sokal J E M | 118,094 | Swenarchuk G | 68,607 |
| Sharma S | 295,624 | Sokolowski D | 280,223 | Symchych M | 56,754 |
| Shelton L | 285,937 | Sommer H M | 186,498 | Syslak W B | 188,576 |
| Shelton P A | 173,847 | Soni A | 71,906 | Szajkowski S | 241,449 |
| Shepertycky M R | 234,190 | Soni N R | 229,844 | Szwajcer D | 77,307 |
| Sheps M | 334,147 | Soni S D | 100,069 | Tam J W | 111,917 |
| Shiffman F H | 384,505 | Speer M | 202,156 | Tamayo Mendoza J A | 116,780 |
| Shnider M | 133,062 | Srichandra W | 213,171 | Tan L | 334,969 |
| Shojania A M | 198,671 | St John P D | 124,694 | Tang-Wai R | 367,947 |
| Shuckett P | 393,304 | St Vincent A | 243,266 | Tanner J | 218,514 |
| Shum K C | 268,593 | Stanko L | 368,071 | Taraska V | 590,028 |
| Shumsky D | 71,098 | Stearns E | 318,255 | Taraska Victoria | 406,949 |
| Shunmugam R | 527,239 | Stecher R D | 223,580 | Targownik L E | 205,059 |
| Sickert H G | 148,814 | Stedman N | 60,868 | Tawfik Helmy S | 192,040 |
| Siemens J | 113,290 | Stefanyshen G S | 163,049 | Taylor H R | 502,494 |
| Sigurdson E | 125,129 | Steigerwald R | 114,848 | Taylor M C | 223,626 |
| Sikora F J | 228,058 | Steinberg F | 102,005 | Taylor P D | 60,507 |
| Silagy S | 435,835 | Steinberg R J G | 120,888 | Taylor S N | 425,707 |
| Silver N A | 213,980 | Stelzer J | 194,504 | Tenenbein M | 179,181 |
| Silver S | 738,755 | Stenhouse J K | 130,764 | Tenenbein P K | 167,595 |
| Silverman R E | 270,495 | Stephensen M C | 259,536 | Teo S L | 152,469 |
| Simard-Chiu L A | 164,914 | Stewart G B | 72,914 | Teskey J | 162,847 |
| Simcoff M A | 223,021 | Steyn E | 154,680 | Thayaparan J | 70,079 |
| Simm J F | 187,762 | Stillwater R B | 179,838 | Theodore G M | 301,848 |
| Simmonds C B | 60,900 | Stimpson R | 159,335 | Therrien D J | 75,890 |
| Simonsen J N | 84,467 | Stitt G P | 57,333 | Thiessen M N | 282,816 |
| Simonson D W | 173,491 | Stitt R L | 57,690 | Thiessen R J | 63,613 |
| Singer M | 150,701 | Stitz M | 247,063 | Thille S M | 160,508 |
| Singer R | 182,228 | Stockl F A | 751,509 | Thomas S T | 197,884 |

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| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Thompson R A | 65,140 | Van Rensburg C J | 303,246 | Wickert W A | 197,476 |
| Thompson S B | 111,980 | Van Rensburg N | 325,281 | Wiebe K L | 147,491 |
| Thompson T R | 181,022 | Van Rensburg N J | 328,520 | Wiens A V | 409,603 |
| Thomson G T D | 245,841 | Van Rensburg P D J | 336,297 | Wiens J J | 563,123 |
| Thomson I R | 344,590 | Van Rooyen M L | 420,352 | Wiens J L | 637,575 |
| Thorlakson D | 145,881 | Vanderwert R T | 174,831 | Wiens P J | 69,346 |
| Thorlakson I J | 84,947 | Varma A | 368,169 | Wiesenthal B D | 180,701 |
| Thorlakson R H | 209,692 | Vasconcelos J A | 272,974 | Wiesenthal Z | 229,533 |
| Thorlakson T K | 58,788 | Vattheuer A | 69,611 | Wightman H R(1) | 3,788,636 |
| Thottingal A P | 131,117 | Vattheuer F B | 154,748 | Wightman N A | 168,849 |
| Thwala A B | 347,344 | Verma M R | 295,624 | Willemse P | 792,676 |
| Timmerman D | 60,546 | Verrelli M | 523,628 | Williamson D | 85,509 |
| Ting D | 114,768 | Viallet N R | 110,947 | Willows J R | 278,270 |
| Tober A E | 125,741 | Vianzon C S | 366,791 | Wilson A S | 70,368 |
| Tobia M H | 175,243 | Vickar E L | 266,749 | Wilson G P | 305,221 |
| Toews H A | 145,852 | Vignudo S | 113,566 | Wilson M(2) | 943,642 |
| Toews K A | 258,541 | Vijay R | 257,151 | Winistok W | 153,068 |
| Tole G D | 58,847 | Violago F | 218,977 | Winogrodzka C | 269,917 |
| Tomchuk E | 393,666 | Vipulananthan M | 150,799 | Winzoski T | 62,017 |
| Tomy H | 172,101 | Vipulananthan V | 137,066 | Wirch M F | 162,754 |
| Tomy P | 261,355 | Visch S H R | 125,754 | Wiseman D G H | 231,143 |
| Toole J | 395,161 | Visser G | 370,047 | Wiseman M C | 252,579 |
| Trainor J M(1) | 6,542,840 | Voyer D | 93,112 | Wiseman N | 320,153 |
| Tran C P | 274,634 | Wakeman M S | 124,017 | Woelk C | 284,188 |
| Tresoor T | 64,617 | Waldman J C | 234,527 | Wolfe K B | 205,175 |
| Trinh H | 98,643 | Wallace S E | 210,667 | Wolfe S A | 192,832 |
| Tsang D | 380,124 | Walli J E | 449,030 | Wong H | 290,396 |
| Tsang K F M(1) | 270,988 | Walters J J | 484,197 | Wong R P W | 395,744 |
| Tse W C | 175,527 | Wang J | 238,132 | Wong S G | 137,298 |
| Tsuyuki S H(2) | 485,081 | Warda L J | 111,356 | Wong S W C | 409,800 |
| Tulloch H V | 172,961 | Warraich N | 300,750 | Wong T | 222,355 |
| Tung P | 193,343 | Warren C P W | 181,013 | Woo C | 292,753 |
| Turabian M | 278,777 | Warrian R K | 349,130 | Woo N | 443,530 |
| Turgeon T | 232,410 | Warrian W G | 53,901 | Woo V C | 511,209 |
| Turner D R | 395,242 | Warrington R | 206,881 | Woods A K | 261,612 |
| Turner R B | 352,180 | Watson J D | 74,962 | Woolford B | 65,688 |
| Ullyot S | 177,734 | Watters T | 63,068 | Wozney L R | 163,417 |
| Unruh H W | 328,470 | Webb S | 161,036 | Yaffe C | 564,295 |
| Uys T | 279,611 | Weidman M L | 318,014 | Yale R | 109,730 |
| Van Alstyne M | 508,867 | Weirich M K | 301,822 | Yamamoto K | 329,166 |
| Van Ameyde K | 238,879 | Weizman S | 348,182 | Yamsuan M | 93,630 |
| Van De Velde R | 240,860 | Welch G J | 124,102 | Yankovsky A | 77,620 |
| Van Der Zweep J | 123,151 | Weldon E R | 66,687 | Yanofsky R | 75,143 |
| Van Gend R | 238,472 | Werier J | 345,478 | Yaren S | 141,195 |
| Van Horne W A | 191,956 | White B K | 112,854 | Yeung C | 393,761 |
| Van Jaarsveld B P | 52,980 | White O J | 507,962 | Yip B | 302,884 |
| Van Jaarsveldt W | 375,306 | White S | 78,512 | Young B C | 172,003 |
| Van Niekerk E | 275,420 | White V P | 75,441 | Young M R | 163,582 |
| Van Niekerk S | 269,803 | Whittaker E | 99,812 | Young R S | 381,180 |

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| NAME: | $ | NAME: | $ | NAME: | $ |
|---|---|---|---|---|---|
| Youssef N | 137,302 | Zaki M F | 411,346 | Zimmer K W | 267,688 |
| Yuen C K | 349,998 | Zeiler F | 456,574 | Ziomek A | 109,114 |
| Yung G S | 190,214 | Zetaruk M | 62,271 | Zloty R B | 119,576 |
| Zabolotny B P | 354,217 | Ziaei S | 90,089 | Zurbyk R | 77,431 |
| Zacharias G W | 346,317 | Zieroth S R | 50,044 | | |
| Zacharias J (3) | 329,472 | Ziesmann M | 643,111 | | |

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***Explanatory Notes:***

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 124 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 125 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 126 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 126 for list of facilities).*

## Laboratory Directors and Facilities

| | |
|---|---|
| Czarnecki W | Manitoba Clinic |
| Lucman L | Winnipeg Clinic |
| Rossouw J | Western Medical Clinic<br>The Brandon Clinic<br>Clement Bloc Lab |
| Naidoo J | Central Medical Laboratory |
| Naidoo S P | Southwood Laboratory<br>Unicity Lab Services-McPhillips Street |
| Trainor J M | Medical Arts Building<br>Windsor Park Medical Centre<br>Lakewood Medical Centre |
| Tsang K F M | Norlyn Lab Service |
| Wightman H R | Assiniboine Clinic Lab |

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## Radiology Directors and Facilities

| | |
|---|---|
| Boult Ian F | Winnipeg Radiology Consultants - Medical Arts Building<br>Winnipeg Radiology Consultants - Charleswood Clinic<br>Winnipeg Radiology Consultants - Markham Professional Centre |
| Coueslan G W | The Brandon Clinic<br>Clement Block X-ray |
| Dyck D R | Boundary Trails Health Centre |
| Eaglesham H | Manitoba X-ray Clinic - Elmwood Branch<br>Manitoba X-ray Clinic – Westwood Portables<br>Lakewood Medical Center |
| Kroeker M A | Manitoba X-Ray Clinic - MRI<br>Manitoba X-Ray Clinic - Tache Branch |
| Krongold I | Kaprowy & Associates Drs.<br>Assiniboine Clinic<br>Tache X-Ray Clinic<br>Parkview X-Ray Clinic |
| Lautatzis M | Boyd X-Ray Clinic<br>Legacy X-Ray<br>Seven Oaks X-Ray Clinic<br>Winnipeg Clinic |
| Lindquist L | Linquist Medical Corporation-Radiology Consultants of Winnipeg<br>Winnipeg Clinic |
| Lysack, D A | Brandon General Hospital |
| Major P | Manitoba Clinic |
| Paquin R W | Transcona Clinic X-ray<br>Metro X-ray Clinic – Rothesay |
| Pierce G W | Manitoba X-ray Clinic - Westwood Branch |
| Saunders C G | Diagnostic Services Division<br>Manitoba X-Ray Clinic |
| Tsuyuki S H | St. Boniface Clinic |
| Wilson M | Manitoba X-Ray Clinic – Misericordia Care Centre |

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**The Public Sector Compensation Disclosure Act**
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## Dialysis Directors and Facilities

| | |
|---|---|
| Allan, D R | Health Sciences |
| Bernstein, K | Health Sciences Centre & Seven Oaks |
| Fine, A & Armstrong, S | St. Boniface General Hospital |
| Riche, B | Brandon General Hospital |
| Zacharias, J | Local Centres |
| | Dauphin General Hospital |
| | Flin Flon General Hospital |
| | Lakeshore General Hospital |
| | Morden Hospital |
| | Norway House Hospital |
| | Pine Falls Hospital |
| | Portage la Prairie Hospital |
| | Selkirk General Hospital |
| | The Pas Health Complex |
| | Thompson General Hospital |

## Nuclear Medicine Directors and Facilities

| | |
|---|---|
| Dupont J O | Nuclear Medicine Consultants |
| | Winnipeg Clinic – Nuclear Medicine |
| | St. Boniface Hospital- Nuclear Medicine |
| Lafontaine I | Brandon |

# APPENDIX I

## SUMMARY OF STATUTES RESPONSIBILITY - MINISTER OF HEALTH

### *THE ANATOMY ACT (A80)*
- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

### *THE CANCERCARE MANITOBA ACT (C20)*
- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

### *THE CHIROPRACTIC ACT (C100)*
- Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

### *THE DENTAL ASSOCIATION ACT (D30)*
- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

### *THE DENTAL HEALTH WORKERS ACT (D31)*
- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act.*

### *THE DENTAL HEALTH SERVICES ACT (D33)*
- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

### *THE DENTAL HYGIENISTS ACT (D34)*
### *(Not yet Proclaimed)*
- Authorizes the College of Dental Hygienists to regulate Dental Hygienists.

### *THE DENTURISTS ACT (D35)*
- Authorizes The Denturists Association to regulate denturists in Manitoba.

### *THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)*
- (Except with respect to elderly persons' housing units as defined in the Act)
- Governs the establishment of housing accommodation for the elderly or infirm.

### *THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)*
- Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

### *THE DEPARTMENT OF HEALTH ACT (H20)*
- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

### *THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)*
- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act.*

### *THE HEALTH SERVICES ACT (H30)*
- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act.*

### *THE HEALTH SERVICES INSURANCE ACT (H35)*
- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

### *THE HEARING AID ACT (H38)*
- Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

### *THE HOSPITALS ACT (H120)*
- Relates to the operation of hospitals except for private hospitals.

### *THE HUMAN TISSUE GIFT ACT (H180)*
- Regulates organ and tissue donations in Manitoba.
- Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

***THE LICENSED PRACTICAL NURSES ACT (L125)***

- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

***THE MEDICAL ACT (M90)***

- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

***THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)***

- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

***THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)***

- Authorizes the College of Medical Laboratory Technologists to regulate Medical Laboratory Technologists.

***THE MENTAL HEALTH ACT (M110)***

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))

- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of Committees for persons who are not mentally competent.

***THE MIDWIFERY ACT (M125)***

- Authorizes the College of Midwives of Manitoba to regulate midwives.

***THE NATUROPATHIC ACT (N 80)***

- Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

***THE OCCUPATIONAL THERAPISTS ACT (05)***

- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

***THE OPTICIANS ACT (060)***

- Authorizes The Opticians of Manitoba to regulate opticians.

***THE OPTOMETRY ACT (070)***

- Authorizes the Manitoba Association of Optometrists to regulate optometrists.

***THE PERSONAL HEALTH INFORMATION ACT (P33.5)***

- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

***THE PHARMACEUTICAL ACT (P60)***

- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

***THE PHYSIOTHERAPISTS ACT (P65)***

- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

***THE PODIATRISTS ACT (P93)***

- Defines the practice of podiatry and provides for the regulation of the profession, including:
- the continuation of the Association of Chiropodists as the College of Podiatrists of Manitoba;
- the establishment of a governing council of at least six persons, of whom at least one-third must be public representatives; and
- the registration of podiatrists;
- a complaints and discipline process;
- the making of regulations and by-laws.

***THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)***

- Governs the operation and administration of the provincial drug benefit program.

***THE PRIVATE HOSPITALS ACT (P130)***

- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

***THE PROTECTION FOR PERSONS IN CARE ACT (P144)***

- Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

***THE PSYCHOLOGISTS REGISTRATION ACT (P190)***

- Authorizes the Psychological Association of Manitoba to regulate psychologists.

***THE PUBLIC HEALTH ACT**(P210)***

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Finance.)

***THE REGIONAL HEALTH AUTHORITIES ACT (R34)***

- Governs the administration and operation of regional health authorities.

***THE REGISTERED DIETITIANS ACT (R39)***

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

***THE REGISTERED NURSES ACT (R40)***

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

***THE REGISTERED PSYCHIATRIC NURSES ACT (R45)***

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

***THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)***

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

***THE SANATORIUM BOARD OF MANITOBA ACT (S12)***

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

***THE TOBACCO DAMAGES AND HEALTH CARE COSTS RECOVERY ACT (T70)***
***(Not yet proclaimed)***

- Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

## STATUTES RELATED TO HEALTHY LIVING

***THE ADDICTIONS FOUNDATION ACT (A60)***

- Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.

***THE NON-SMOKERS HEALTH PROTECTION ACT (N92)***

- Prohibits the sale of tobacco products to children.
- Prohibits smoking in enclosed public places and prohibits smoking in indoor workplaces where the province has clear jurisdiction subject to certain exceptions.

***THE YOUTH DRUG STABILIZATION (SUPPORT FOR PARENTS) ACT (Y50)***

- Assists parents to deal with a child who has a serious drug problem. They can apply to have the young person taken to a safe and secure facility for up to seven days, where his or her condition will be assessed and stabilized, and a plan for treating the drug abuse will be developed.

and:

Manitoba Prenatal Benefit Regulation (M.R. 89/2001) made under *The Social Services Administration Act*.

# APPENDIX II

## LEGISLATIVE AMENDMENTS IN 2006- 2007

A number of health and health related statutes and regulations were amended, enacted or proclaimed in 2006/2007:

- ***The Public Health Act*** (in force upon proclamation)
  - Repealed and replaced the current *Public Health Act*. It includes new and updated measures to deal with health hazards, communicable diseases, epidemics and public health emergencies.

- ***The Tobacco Damages and Health Care Costs Recovery Act*** (in force upon proclamation)
  - Enacted the *Tobacco Damages and Health Care Costs Recovery Act* to allow the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

- ***The Public Interest Disclosure (Whistleblower Protection) Act*** (in force April 2, 2007)
  - Enacted the *Public Interest Disclosure (Whistleblower Protection) Act* to protect employees who report misconduct such as illegal activity, gross mismanagement, or danger to health or safety in their workplaces.
  - Establishes protection for whistleblowers in government departments and government bodies - such as the Workers Compensation Board, Manitoba Hydro and Manitoba Public Insurance Corporation - as well as RHAs and child and family services authorities and agencies.
  - Protect Whistleblowers in the following ways:
    - Employees can make a confidential report about the misconduct to their supervisor or a senior official within the department, agency or office in which they work, or to the Ombudsman.
    - Each department, agency or office must have a procedure for dealing with information provided by whistleblowers. When the information is provided to the Ombudsman, the Ombudsman may investigate the matter and recommend to the department, agency or office how to deal with it.
    - A whistleblower who is fired, demoted or otherwise penalized can file a complaint with The Manitoba Labour Board.
  - Establishes protection for persons contracting with the public service, and for private sector employees, who provide information to the Ombudsman about misconduct in or relating to the public service.
  - It does not affect the protection already offered by existing Manitoba statutes - such as *The Child and Family Services Act*, *The Drinking Water Safety Act*, *The Protection for Persons in Care Act*, and *The Workplace Safety and Health Act* - to people making other kinds of disclosures.

- ***The Youth Drug Stabilization (Support for Parents) Act*** (in force November 1, 2006)
  - Enacted the *Youth Drug Stabilization (Support for Parents) Act* to help parents deal with a child who has a serious drug problem. They can apply to have the young person taken to a safe and secure facility for up to seven days, where his or her condition will be assessed and stabilized, and a plan for treating the drug abuse will be developed.

- ***The Pharmaceutical Act*** (in force upon proclamation)
  - Repealed and replaced the existing *Pharmaceutical Act*. It defines the practice of pharmacy and provides for the regulation of the profession.
  - The key differences from the existing Act are as follows:
    - continuing The Manitoba Pharmaceutical Association as the College of Pharmacists of Manitoba;
    - allowing for the expansion of pharmacists' scope of practice;
    - providing for pharmacist profiles;
    - allowing pharmacy operations to include licensed off-site facilities as part of their pharmacy practice;
    - requiring the College to submit an annual report to the Minister of Health.

- ***The Good Samaritan Protection Act (Private Bill 214)*** (in force December 7, 2006)
  - Enacted *The Good Samaritan Protection Act* to protect a person who voluntarily provides medical services, aid or advice to a victim of an accident or medical emergency. The person will not be liable to pay damages in a lawsuit started by the victim unless the person was grossly negligent.

- ***The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act, S.M. 2005, c. 24.*** (proclaimed on November 1, 2006)
  - On June 16, 2005, *The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act* received royal assent. The amendments enhanced the safety of hospital patients, residents of personal care homes and other people receiving health services.

- **The Medical Laboratory Technologists Act, S.M. 2002, c. 12** (proclaimed on February 1, 2007)
  - On July 25, 2002, The Medical Laboratory Technologists Act was given royal assent. The Act, except section 65, came into force on February 1, 2007 by proclamation in order to allow time to develop and adopt regulations and by-laws that are necessary under the Act as well as registration of medical laboratory technologists.

## REGULATIONS:

### *THE HEALTH SERVICES INSURANCE ACT*

Amendments were made to:

- The *Personal Care Services Insurance and Administration Regulation* to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for residents and their spouses who are living in the community. The financial threshold for the waiver of payment of all or part of the authorized charge payable by a personal care home resident who has a spouse living in the community was also increased.

  The amendment also applies to long term patients in psychiatric facilities as the regulation under The Mental Health Act relating to long term patients in psychiatric facilities provides that charges for these patients are to be calculated in accordance with the Personal Care Services Insurance and Administration Regulation.

- The *Hospital Services Insurance and Administration Regulation* to adjust the amount of residential/authorized charges for individuals panelled for personal care home placement and chronic care patients to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a panelled or chronic care patient, who has a spouse living in the community.

  The tariff schedules for oral surgery and the cleft lip/palate program were also amended.

- The *Chiropractic Services Insurance Regulation* to reflect the rates for insured chiropractic services paid to chiropractors retroactive to April 1, 2005 as well as the increased rates for 2006/07, 2007/08, 2008/09, 2009/10.

- The *Health Care Facilities Designation Regulation* to designate Marymound Inc. as an "other facility" enabling the provision of capital funding for the short term stabilization facility.

- The *Laboratory Requisition Forms Regulation* to enable health practitioners to use a pre-printed list of laboratory tests and diagnostic imaging examinations on requisition forms so that they can check off the tests and examinations being requisitioned. The pre-printed lists will be required to be based on Manitoba Health's tariff rate file which is available to practitioners electronically.

  The amendments updated the Regulation to refer to diagnostic imaging rather than x-rays.

- The *Excluded Services Regulation* to allow specific diagnostic examinations to be paid for under *The Health Services Insurance Act* when carried out in community-based facilities approved by the Minister. The amendment allows MRI examinations to continue to be performed at the Pan Am Clinic as well as the Maples Surgical Centre if specific provisions are met and approved by the Minister of Health.

- The *Personal Care Home Designation Regulation* was amended to add a new personal care home (Northern Spirit Manor, Thompson MB)

- The *Hospital Services Insurance and Administration Regulation* to correct an error in the date on which new rates for insured dental surgery set out in Divisions 2 and 3 of Schedule C come into effect.

- The *Third Party Liability Regulation* to operationalize s. 98 of the Act which was amended in 2001. The section requires a person who retains a lawyer to pursue recovery of damages to notify the minister and to provide the minister with the prescribed information. The *Third Party Liability Regulation* sets out what that prescribed information is.

***THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT***

- Amended the *Air Emergency Medical Response System Ministerial Regulation* to update the qualifications required for air ambulance pilots.

***THE HEARING AID ACT***

- Amended the *Hearing Aid Regulation* to update the registration requirements.

***THE MANITOBA EVIDENCE ACT***

- Amended the *Medical Research Committees Regulation* to ensure that the work of the Committee is protected from disclosure under the Act. The Winnipeg Regional Health Authority (WRHA) requested that the WRHA Patient Safety and Quality Research Committee be designated by Regulation as a medical research committee under *The Manitoba Evidence Act*.

***THE MEDICAL LABORATORY TECHNOLOGISTS ACT***

- The *Medical Laboratory Technologists Regulation* was enacted at the same time as *The Medical Laboratory Technologists Act* was proclaimed. The regulation sets out the requirements for registration; renewal of registration; establishment, content and maintenance of registers and requirements for continuing competence.

***THE MENTAL HEALTH ACT***

- Amended the *Charges Payable by Long Term Care Patients Regulation* in psychiatric facilities. Charges for these patients are to be calculated in accordance with the *Personal Care Services Insurance and Administration Regulation*.

***THE PHARMACEUTICAL ACT***

- Repealed and replaced the *Manitoba Drug Interchangeability Formulary Regulation* as required to update the Formulary. There were also amendments made to this regulation.

***THE PODIATRISTS ACT***

- The *Podiatrists Regulation* was enacted in accordance with the new Act passed in 2001 and sets out the requirements for registration; renewal of registration; establishment, content and maintenance of registers and requirements for continuing competence.

***THE PRESCRIPTION DRUGS COSTS ASSISTANT ACT***

- Amended the *Specified Drugs Regulation* to update the Schedule.

***THE PUBLIC HEALTH ACT***

- Amended the *Diseases and Dead Bodies Regulation* to:
  - add seven new reportable communicable diseases and to expand the reporting requirement for two other diseases; and to clarify the reporting responsibility of health professionals and laboratories.

- Amended the *Water Supplies Regulation* and the *Water Works, Sewerage and Sewage Disposal Regulation* in order to:
  - repeal those portions of these Regulations that are included under the new Regulations made under *The Drinking Water Safety Act*, and,
  - empower drinking water officers appointed under *The Drinking Water Safety Act* to exercise powers provided to public health inspectors under the remaining provisions of the *Water Supplies Regulation*.

***THE REGIONAL HEALTH AUTHORITIES ACT***

- The *Critical Incidents Regulation* was enacted at the same time that the Patient Safety amendments to *The Regional Health Authorities Act* came into force - November 1, 2006. The regulation extends the application of the Act to certain health care organizations and sets out the persons authorized to receive information about a critical incident when the person who experienced the incident is not capable of understanding the information.

- Amended the *Board of Directors Regulation* to give the Minister the flexibility to extend a term beyond the six year maximum for the chair of the board or for a person who will become the chair of the board when the extension comes into effect.

***THE REGISTERED DIETITIANS ACT***

- Amended the *Registered Dietitians Regulation* to require mandatory liability insurance.

***THE REGISTERED RESPIRATORY THERAPISTS ACT***

- Amended the *Registered Respiratory Therapists Regulation* to allow the board to register persons who have the knowledge and skills required for a respiratory therapist but have not completed a recognized educational program (e.g., foreign trained practitioners); to require that respiratory therapists participate in continuing competency programs to maintain currency and to comply with labour mobility obligations.

***THE YOUTH STABILIZATION (SUPPORT FOR PARENTS) ACT***

- The *Stabilization Facility Designation Ministerial Regulation* was enacted to designate Marymound, Inc. as a stabilization facility under *The Youth Drug Stabilization (Support for Parents) Act*.
- The *Youth Drug Stabilization Regulation* was enacted to set out requirements respecting the submission to a Justice of an application to obtain an order for apprehension and assessment by telephone and fax when the applicant is unable to attend court in person. This regulation also set out qualifications for addiction specialists.

# Appendix III – Performance Reporting

The 2006\07 reporting year is the second year that a standardized Performance Measurement section appears in Departmental Annual Reports. This section is another step in our process to provide Manitobans with a more complete picture of the activities of government and their impacts on the province. That process was begun in 2005 with the release of the document, Reporting to Manitobans on Performance, 2005 Discussion Document, which can be found at www.gov.mb.ca/finance/mbperformance.

Performance indicators in departmental Annual Reports are intended to provide Manitobans with meaningful and useful information about government's activities, complementary to financial results. Some measures incorporate data collected by the provincial government, while others show data that are collected by external agencies. A range of existing, new and proposed measures may be reported in subsequent years, as the process continues to evolve.

Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

| Objectives supported by this measure | (A) What is being measured and using what indicator? | (B) Why is it important to measure this? | (C) Where are we starting from (baseline measurement)? | (D) What is the 2006/07 result or most recent available data? | (E) What is the trend over time? | (F) Targets, Timeframes, if applicable, and sources of information |
|---|---|---|---|---|---|---|
| **Improved Access to Service** | Manitobans' access to cardiac surgery through the measurement of Median wait times for cardiac bypass surgery by level of urgency. | Timely Access to surgical services is important | As of April 2005, the Median wait time for cardiac bypass surgery by level of urgency was:<br>Level 1 (Emergent and Urgent): 7 days<br>Level 2 (Semi-urgent): 15 days<br>Level 3 (Elective): 56 days | As of March 2007, the Median wait time for cardiac bypass surgery by level of urgency was:<br>Level 1 (Emergent and Urgent): 7 days<br>Level 2 (Semi Urgent): 12 days<br>Level 3 (Elective): 51 days | Compared to April 2005 the Median wait time for Level 1 (Emergent and Urgent) has remained stable and Level 2 and 3 (Semi Urgent and Elective) are lower. | Wait times are calculated based on patients who received surgery during the reporting period.<br>The National Benchmarks for bypass surgery are as follows:<br>0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-180 days for Level 3 (Elective).<br>*Source:* Winnipeg Regional Health Authority |
| **Improved Access to Service** | Manitobans' access to radiation therapy for cancer through the measurement of Median wait times for patients to commence radiation therapy treatment. | Timely access to treatment services is important. | The Median wait time in April 2002 was 2.1 weeks for all cancer types. | As of March 2007, the Median wait time for all cancer types was 0.4 weeks. | The wait time has reduced significantly. | The National Benchmark for radiation therapy is 4 weeks.<br>*Source:* CancerCare Manitoba |

| Objectives supported by this measure | (A) What is being measured and using what indicator? | (B) Why is it important to measure this? | (C) Where are we starting from (baseline measurement)? | (D) What is the 2006/07 result or most recent available data? | (E) What is the trend over time? | (F) Targets, Timeframes, if applicable, and sources of information |
|---|---|---|---|---|---|---|
| **Healthy Living** | Physical activity levels of Manitobans as measured by the percent of those surveyed who reported being active, moderately active or inactive. | Physical activity is a significant factor contributing to personal health. | Reported rates for 1994 were as follows:<br>- Active: 19%<br>- Moderately active: 24%<br>- Inactive: 51% | The most recent available data are from 2005:<br>- Active: 23%<br>- Moderately active: 24%<br>- Inactive: 50%<br><br>*Source:* The Canadian Community Health Survey. This biannual survey, by Statistics Canada, was not conducted in 2006.<br><br>2007 survey results are not yet available from Statistics Canada. | There is a trend toward greater physical activity. | Data on physical activity are self-reported by Manitoba respondents to Statistics Canada surveys. |
| **Healthy Living** | Tobacco use rates as measured by the percent of Manitobans 12+ years who reported being current smokers (daily or occasional), former smokers, or non-never smoked. | Tobacco use is a major cause of death and preventable illness including heart disease and cancer | Reported rates for 1994 were as follows:<br>- Current smoker: 29%<br>- Former smoker: 29%<br>- Never smoked: 42% | The most recent available data are from 2005:<br>- Current smoker: 20 %<br>- Former smoker: 39%<br>- Never smoked: 41%<br><br>*Source:* The Canadian Community Health Survey. This biannual survey, by Statistics Canada, was not conducted in 2006.<br><br>2007 survey results are not yet available from Statistics Canada. | There is a trend toward reduced smoking. | Data on smoking are self-reported by Manitoba respondents to Statistics Canada surveys. |
| **Health Status / Population Health** | Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI). | Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death. | The AMI mortality rate from approximately 140 deaths per 100,000 in 1979 to 43 per 100,000 in 2003. | In 2003, the age-standardized mortality rate for hearth attack (AMI) in Manitoba was 43 deaths per 100,000 population<br><br>* A more current rate has not been published by Statistics Canada. | The AMI mortality rate has declined dramatically in Manitoba and Canada from approximately 140 deaths per 100,000 in 1979 to 43 per 100,000 in 2003. | Rates have declined largely due to improved drugs and medical are for heart attack patients, reduced smoking rates and improved control of hypertension.<br>*Source:* Statistics Canada, Vital Statistics |

# APPENDIX IV

## SUSTAINABLE DEVELOPMENT

*The Sustainable Development Act* (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all Departments in the Province of Manitoba in their efforts to attain that goal. For an activity to be sustainable it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on Manitoba Health and Healthy Living's efforts toward sustainable development, as defined under the *The Sustainable Development Act*, this Annual Report provides examples of the ongoing progress and accomplishments of the Department in incorporating the Principles and Guidelines of Sustainable Development. The chosen examples are not inclusive and more detail related to sustainable development activities within Manitoba Health and Healthy Living can be further examined within each appropriation of the Annual Report.

### PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

### 1. INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS

Manitoba Health and Healthy Living is dedicated to taking actions that foster the principles of integrating environmental and economics into the decision making process, more specifically in the areas of human health and social consequences.

**HIGHLIGHTS:**

**Insured Benefits:** This area of the department provides funding of health core services which is continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfer, out of province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.

**Regional Support Services:** Continues to monitor and measure the benefits of services to the public and report on these activities to the Ministers to facilitate decision making and ensure that long term strategies and actions are effective. This unit provides direction in northern, rural and urban areas of the Province as well as reporting on specific areas of service such as patient safety, cardiac services, cancer care, palliative care, home care and dialysis.

**Mental Health and Addictions:** Mental health data estimates that one in 5 Manitobans or up to 20% of the population will experience a mental illness at some point in their lives and one in three will suffer from a severe and persistent mental illness. When an illness occurs it can have an immense impact not jus to the patient but family members as well. The Mental Health and Addictions Branch is a key player in ensuring that human and social consequences of mental health diseases are addressed in a manner that benefits the population in a sustainable manner. This branch develops strategies and policies for the mental health and addictions systems and examines the identification of emerging issues and practices to improve these services to optimize the health of those with a mental disorder or addiction. The branch collaborates and/or oversees provincial mental heath activities such as Mental Health Renewal in Manitoba; the Mental Health Education Resource Centre of Manitoba; the Selkirk Mental Health Centre; the Office of the Chief Provincial Psychiatrist; the Farm and Rural Stress Line; mental health services available in Manitoba; addictions services in Manitoba and the role of Manitoba Health and Healthy Living and the Health Authorities in the system.

**Healthy Populations:** This unit provides strategic direction aimed at improving the health outcomes for priority populations that are more susceptible to changes in health and social conditions such as women, children, families, persons with disabilities, seniors and their communities.

**Northern Nursing Stations:** Oversees cost effective and quality heath care to various northern communities through the management of community nursing stations.
**Primary Health Care:** Supports executive management in planning and provides guidance to Health Authorities in implementing cost effective primary health care initiatives to improve the health of Manitobans and access to services.
**Addictions Foundation of Manitoba:** This organization targets cost effective initiatives that reduce substance abuse (alcohol and drug) and gambling addictions which in turn contribute to the health and wellbeing of individuals by addressing the harm, to patient's and family, associated with these addictions through education, prevention, rehabilitation and research.
**Selkirk Mental Health Centre:** This treatment centre is a provincial mental health facility that delivers compassionate, respectful and cost effective inpatient mental health services to all residents of Manitoba whose health needs cannot be met elsewhere in the health system.

## 2. STEWARDSHIP

Manitoba Health and Healthy Living is dedicated to implementing policies that facilitate decisions to all of the above elements of a sustainable stewardship. Stewardship is enacted by the Minister of Health and the Minister of Healthy Living who administer over 46 Acts. Each Act delegates their authority to other parties through regulations, policy development and indirectly managerial direction to ensure that stewardship of our health system is upheld within standards outlined within the Canada Health Act as well as Provincial standards to ensure that the health of Manitobans is optimized. A sample of some of these Acts are listed below, for more detail and information on all the Acts which facilitate stewardship please see the section "Summary of Statutes Responsibility".

### HIGHLIGHTS:

***The Regional Health Authorities Act:*** Governs the administration and operation of RHAs.
***The Personal Health Information Act:*** Protects personal health information in the health system in Manitoba.
***The Public Health Act:*** Provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations
***The Health Services Insurance Act:*** Governs the administration of the Manitoba Health Services Insurance plan in respect of the costs of hospital services, medical services, personal care services and other health services.
***The Prescription Drugs Costs Assistance Act:*** Governs the operation and administration of the provincial drug benefit program.
***The Drinking Water Safety Act:*** Established the Office of Drinking Waters and sets out legislative direction to protect our drinking water.
***The Non Smokers Health Protection Act:*** Strengthens the prohibition against providing tobacco to children and increases the penalties for this and other offences as well as placing limits on the advertising, promotion and display of tobacco.

## 3. SHARED RESPONSIBILITY AND UNDERSTANDING

Manitoba Health and Healthy Living continually collaborate with Heath Authorities, Inter-sectoral organizations, the Federal government and stakeholders to better understand the views of others. This in turn facilitates equitable management of our health system. To facilitate shared responsibility and understanding the department directs its resources through specific units/branches that accommodate these activities in the health system.

### HIGHLIGHTS:

**Aboriginal Health Branch:** This branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community. This branch participates in discussions and issues that support the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba with Health Authorities, the First Nations Inuit Health Branch and other Provincial departments.

**Healthy Living Coordination:** Provides leadership and policy advice with other stakeholders, through understanding of public needs, in the development and implementation of a provincial healthy living strategy.
**Healthy Populations:** Provides provincial leadership to the development and shift of a greater population health approach for an integrated health services deliver system, managed by the Health Authorities, and based on evidence decision making.
**Federal/Provincial/Territorial Unit:** Represents Manitoba on Federal/Provincial/Territorial Advisory Committee on population health and security to express Manitoba's views, and participate in inter-sectoral issues.
**Regional Affairs:** Participates with Health Authority Committees and maintains solid communications with all Health Authorities to ensure that the department has an ongoing understanding of the issues and concerns within Winnipeg and throughout Manitoba.
**Accountability Support Branch:** Coordinates the Community Health Assessment process with Health Authorities to ensure that health planning meets Health Authorities needs (e.g., is community or regionally focused) and complies with Manitoba Health and Healthy Living requirements.

## 4. PREVENTION

Prevention is at the forefront of Manitoba Health and Healthy Living. The department has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health related threats from impacting the general population. Ultimately, Legislation is drafted, created or refined to ensure that prevention measures are in place and make the most positive impact to optimizing health and social well being of Manitobans.

### HIGHLIGHTS:

**The Office of the Chief Medical Officer of Health:** This office ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, Pandemic Influenza and Avian Influenza, are reviewed and updated. This office provides news releases to the public in regards to public health warnings and prevention measures to be taken to lessen the risk of these threats.
**Cadham Provincial Laboratory:** This provincial lab provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced surveillance of infectious diseases to aid in outbreak identification and prevention as well as state of the art diagnostic testing for bacteria which are antibiotic resistant, toxin producing or that cause food poisoning to improve infection control in hospitals, personal care homes, and the community, as well as providing clinicians with more accurate interpretations.
**Public Health Branch:** Improved surveillance and analysis of public health threats provides outbreak surveillance and epidemiological expertise in relation to outbreaks of norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. In addition, the branch integrates education into the continuum of diabetes prevention, care, research and support. The public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders.
**Healthy Living Coordination:** This branch examines the big picture of prevention by promoting healthy living to ensure that provincial direction of this activity is occurring to optimize healthy living outcomes of Manitobans. Key components of healthy living are Active Living, Chronic Diseases, Healthy Eating, Healthy Sexuality, Injury Prevention, Mental Health Promotion and Tobacco Reduction.
**Disaster Management Office:** Continued participation in Manitoba Health Disaster Management Program planning, includes pre-preparedness in areas such as Pandemic Flu and SARS outbreaks and in ensuring that business continuity measures are in place for numerous disaster scenarios.
**Corporate Services:** Manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention includes: integrated risk management, quality audits, internal disclosure of staff concerns, reporting of critical occurrences and critical occurrences, Regional Health Authorities guides to health services and reporting significant changes to the Office of the Chief Medical Examiners.

## 5. CONSERVATION AND ENHANCEMENT

The department is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life and actions and decisions which foster conservation and enhancement of resources.

**HIGHLIGHTS:**

**Capital Planning:** Continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements such as Power Smart Standards for new construction and renovation projects.

## 6. REHABILITATION AND RECLAMATION

Manitoba Health and Healthy Living is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves. To date, the following examples illustrate ongoing commitments to the environment.

**HIGHLIGHTS:**

**Capital Planning:** This branch oversees infrastructure projects that supported investment in state-of-the-art medical equipment, developed new projects, and rehabilitation of aging community facilities.

## 7. GLOBAL RESPONSIBILITY

The department continues to take actions that foster a global approach to decision making with the goal of identifying and preventing possible adverse effects that may occur by the decision, action or program.

**HIGHLIGHTS:**

**Federal/Provincial and Territorial Policy Support:** This unit conducts negotiations on cooperative initiatives with Pan-Canadian institutions and policy approaches, as well as advised leadership in the planning processes for the development of strategic priorities and directions for the health system.
**Office of the Chief Medical Officer of Health:** Participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality (e.g. assesses health risk and provides information on various health concerns such as asbestos in vermiculite insulation).

## 8. EFFICIENT USE OF RESOURCES

The Manitoba Health system accounts for 42% of the provincial budget and as public expectations on health care services keep rising, costs continue to go up and the sustainability of our publicly funded system is strained. The department strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision-makers.

**HIGHLIGHTS:**

**Health Labour Relations:** Operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the WRHA and Manitoba Health Finance; and provides site orientation visits with participating Health Authorities.
**Provincial Drug Programs:** Continues to look at efficiencies of the Drug Review Process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.

**Funding to Health Authorities:** Directs expenditures of $3.4 Billion in an efficient and expedient manner. These funds are allocated to provincial wide appropriations (as per this annual report) and to Health Authorities in accordance with targets established through the estimates process, health plan process and Ministerial direction.
**Provincial Health Services:** Throughout the department, various units are tasked to enact actions, in some cases with 3rd parties, to provide services to the public such as: out of province hospital services; blood transfusion services; Federal hospitals; prosthetic and orthotic devices; healthy communities development; and the Nurses Recruitment and Retention Initiative.
**Emergency Medical Services:** Provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program occurs and evaluations of licensed EMS Services including vehicle, equipment and processes.

## 9. PUBLIC PARTICIPATION

The department strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place and that processes and procedures foster consensus decision making approaches.

**HIGHLIGHTS:**

**Legislative Unit:** This unit communicates and reviews feedback from stakeholders, including consultations with the public, in regards to many of the proposed amendments to the Minister(s) Acts. Recent examples are the PHIA Review Steering Committee or Bill 34 – Public Interest Disclosure Act Mental Health Review Board: This board hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.
**Manitoba Health Appeal Board:** This Board receives appeals related to the Health Services Insurance Act, The Ambulance Services Act, The Mental Health Act and the Hep C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the Minister, the health care community and the community at large.
**The Appeal Panel for Home Care:** This board hears appeals from Manitobans who have requested or are in receipt of Home Care Services respecting eligibility or level of service required. The Appeal panel also serves in an advisory role to the Minster of Health.
**The Protection for Persons in Care Office (PPCO):** is a resource for those working in health facilities as well as anyone in the general public who have a duty to report suspected abuse or the likelihood of abuse to the PPCO.
**Aboriginal Health Unit:** Ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province and First Nations Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern communities in Manitoba and those people of Aboriginal descent.
**Accountability Support Branch:** Continued provision of public participation in the health regions through a number of routes for the Community Health Assessment processes. Community consultations, focus groups, region specific surveys and key informant interviews are regularly held by the regions and Health organizations.
**French Language Services:** provides availability and accessibility to service and material in French for Franco –Manitobans.
**Primary Health Care Unit:** Is a resource centre for the department in ascertaining an understanding of Primary Health Care in the province and how best to inform and serve Manitobans about new initiatives and investment targeted to improve primary health care such as what the services are, how to access them and how to have input.
**Public Health:** Provides communication and feedback support to the public in a variety of forums about Manitoba Health policy and priority initiatives on a variety of topics such as diabetes.

## 10. ACCESS TO INFORMATION

The Department strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes the departmental and provincial information more accessible by the public.

**HIGHLIGHTS:**

**Legislative Unit:** Through The Personal Health Information Act (PHIA), continue to provide information and formal presentations on PHIA to Health Information Trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public to assist them in understanding their rights and appeal processes.
**Finance and Administration:** Estimates, Supplementary Information for Legislative Review, Quarterly Financial reports, the Annual Report and other financial reports or documents, prepared in accordance with Legislative Requirements, Treasury Board and Senior Management requirements.
**Information Systems:** This branch continues development and maintenance of hundreds of databases to support internal and third party information requirements, as well as development of an eHealth infrastructure.
**Health Information Management:** Provides data sources for the department, The Ministers, Health Authorities and to the public which is accessible internally or on the Departments website. This includes managing Manitoba Health and Healthy Living's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.
**Public Health Branch:** Continues to provide regular and routine reports to the public on influenza surveillance data, monthly communicable disease surveillance data, and annual HIV/AIDS statistical updates to the Public Health Agency of Canada and to the Health Authorities.

## 11. INTEGRATED DECISION-MAKING AND PLANNING

Manitoba Health and Healthy Living take necessary measures to establish and amend decisions making an planning process to make them more efficient, timely and address and account for intergenerational effects.

**HIGHLIGHTS:**

**Information Systems:** Working collaboratively with the western provinces, successfully secured funding from Health Canada for a "Western Canada Chronic Disease Management Infostructure". The Chronic Disease Management System in Manitoba will use standard data definitions developed and adopted collectively by the western provinces.
**Mental Health and Addictions:** Continued participation in the Co-occurring Mental Health and Substance Abuse Disorders Initiative in collaboration with the Addictions Foundation of Manitoba and the RHAs.

## 12. WASTE MINIMIZATION AND SUBSTITUTION

The department is committed to taking actions that promote the use of substitutes for scarce resources and reduce, reuse, recycle or recover.

**HIGHLIGHTS:**

- On going Blue-bin recycling program at 300 Carlton, 1680 Ellice, and 750 William sites. Bins installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to various network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic system to minimize paper copies.

### 13. RESEARCH AND INNOVATION

The Department is active in establishing [programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability.

**HIGHLIGHTS:**

**Health Information Management:** This branch recently developed a digital dashboard which is employed within the department and updated monthly to provide the Minister and senior management with up to date information on key areas such as wait times.

**Accountability Support Branch:** This branch has taken the lead in exploring Organization-wide Risk Management to examine the Departments exposure to risk to and to provide direction to implement efficiencies within the department to mitigate and treat identified risks.

**Selkirk Mental Health Centre:** Continued research on projects on Demographic Characteristics of Admissions, and Principal Patients' Attitudes towards the Use and Purpose of Seclusion.

**Manitoba Centre for Health Policy:** Continued to provide funding for policy evaluation and research initiatives.

**Public Health Branch:** Continued participation in research initiatives with other organizations, provinces and the Federal government to enhance leading-edge knowledge development related to the prevention, education, control and management of a range of communicable diseases. Completing year three of the Manitoba Diabetes Care Project, a three-year research project using province-wide administrative claims data to evaluate the impact of the Manitoba Diabetes Care Recommendations on the practice patterns of primary care physicians in the province.

**Addictions Foundation of Manitoba:** Continued research and evaluation of projects such as Fetal Alcohol Spectrum Disorder (FASD) project that was designed to ensure that FASD affected youth in conflict with the law receive appropriate judicial dispositions, formal diagnosis, access to services and assistance in the identification and development of family oriented and community based resources.

**Office of the Chief Medical Officer of Health:** Continued educational sessions in a variety of settings related to life threatening infections and diseases.

**Aboriginal Health:** This branch works in collaboration with Aboriginal organizations and communities on Advanced Education and Training to guide those Aboriginal people who have an interest in entering the healthcare workforce.

## PROCUREMENT GOALS (SECTIONS 14-18)

### 14. EDUCATION, TRAINING AND AWARENESS

To meet the intent of this goal the department enacts changes to develop a culture that supports sustainable procurement practices within the department.

**HIGHLIGHTS:**

- All areas are encouraged to include Sustainable Development topics in their monthly/quarterly divisional meetings.
- An internal web site for Sustainable Development communication within the Department has been developed and is continuously updated.
- Government-wide directives on sustainable development initiatives on recycled papers, toner cartridges, etc., are continually enforced.
- Staff are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

### 15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION

To meet the intent of this goal, the department has established action s to protect the health and environment of Manitobans from possible adverse effects of their options as well as providing a safe and healthy working environment for staff.

**HIGHLIGHTS:**

- Smoking by staff in government buildings and vehicles is prohibited.
- Continuous monitoring of Air Quality in work places.
- Rolled out Transport of Dangerous Goods compliant shipping containers to rural diagnostic units.

## 16. REDUCTION OF FOSSIL FUEL EMISSIONS

To meet the intent of this goal, the department needs to reduce fossil fuel emission of their operations and activities.

**HIGHLIGHTS:**

- Promote staff to participate in the "Commuter Challenge" initiative aimed at encouraging staff to contribute to the efforts against climate change. Staff were encouraged to help reduce gas emissions through cycling, walking, rollerblading, taking the bus, or carpooling for a period of time.

## 17. RESOURCE CONSERVATION

To meet the intent of this goal, the department needs to reduce consumption of resources in a sustainable and environmentally friendly manner.

**HIGHLIGHTS:**

**Capital Planning:** Works with Manitoba Hydro to ensure that facility construction projects meets Hydro's standards for energy efficiency and is Power Smart. The main objective to achieve Power Smart designation to communities and Health Centres.

## 18. COMMUNITY ECONOMIC DEVELOPMENT

To meet the intent of this goal, the department would need to ensure that procurement practices foster and sustain community economic development.

**HIGHLIGHTS:**

- Whenever possibly, Aboriginal vendors are invited to list in the Aboriginal Business Registry to submit a response to services being tendered.
- The departments Aboriginal Health Unit supports Aboriginal Human Resource Strategy implemented by the Health Authorities.
- The department participates in the Manitoba Strategy to improve Aboriginal well-being with the department of Indian and Northern Affairs which includes a Manitoba Approach to community development.